### ROGER TERRY # 341-358 NOTICES OF INMATE RULE VIOLATIONS

| August 9, 2007     | Rule 113                                 | p. 000003 |
|--------------------|--|-----------|
| September 12, 2007 | Rules 104, 401, 405, 500                 | p. 000012 |
| November 28, 2008  | Rules 312, 400, 401                      | p. 000021 |
| December 1, 2008   | Rule 102                                 | p. 000029 |
| January 22, 2009   | Rules 104, 400, 405                      | p. 000042 |
| August 15, 2009    | Rules 301, 305, 405                      | p. 000052 |
| August 25, 2009    | Rule 301 (Positive ETOH for 8/15 sample) | p. 000065 |
| January 15, 2009   | Rule 112                                 | p. 000079 |
| July 8, 2010       | Rule 112                                 | p. 000095 |

AUGUST 9, 2007 RULE 113

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|--|---|--|--|--|
| 7/13                                   | NO 1- MIDORE  | 11/1/1/2   | SHBHMA -   | Appendix 1 to DCD 105-4  |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   | MARYLAND DIV   | ISION OF CORRECTION  |  |
|  | NOTICE OF   | INMATE RULE VIOL   | LATION AND DISCIPLIN   |  |
| ~                                      |   |  | 91120  | MC15 Housing: BHC1   |
| Inr                                    | nate Name:  | TERDY DOC#:  | 54 Specifity   | Housing: 4 / / O   |
| Vio                                    | lation: Date: \$76/6) Time: 720   | M/PM. Recommended char   | ge: 115 ( // -   |  |
|  |   |  |  | 20/05-CT 10 3014C  |
| Re                                     | ported facts:   | 107/0/1,6  | ) FICE TI  | MYAEGISU VIAS  |
|  | assignien To  | O UTIZITY  | PATAPPA  | XIMATELY 120   |
|  | AM. I FOUND   | TWO (2) /  | +15MEIMADE   | STRINTESON   |
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|  | 100 H3412   | 58, RE   | 234 WAS  | THE FILEST   |
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|  | IN MATERIALE  | DASITIVE   | ZY IDENTIFIE   | =DBY HIS ID.   |
| •                                      | le 1 / / / / / / / / / / / / / / / / / /  | es of periury and upon I   | personal knowledge that the  | e facts set forth in the above report are  |
|  |   | co or beilmit min at an i  | •  | /  |
| tru                                    | e.  |  | ·  |  |
|  | $A \sim V$  | AFGRU  |  | 1 109/07   |
| Re                                     | porting Staff:  | Jame and Title   | Signatur   | e // Date  |
|  | T THE IV  | unte una 1 ii.e  | Co   |  |
| 1.                                     | Supervisory Review: The above   | report has been reviewed   | with the following action taken:   | · · · · · · · · · · · · · · · · · · ·  |
| 1.                                     |   |  |  | $\square$ Contraband Disposition $\square$ Incident Report   |
| a.                                     | Action Taken: A Formal Hearing  | Administrative Segregar  | 1011 A33191111101111 III 000 01 1 0100   | · · · · · · · · · · · · · · · · ·  |
|  | . 112   |  |  |  |
| b.                                     | Rule Violation Charged:   |  |  |  |
| b.<br>c.                               | - Informal Disnosition: Rule Vi   | olation:   | Sanction:  | Effective Date:  |
|  | ☐ Informal Disposition: Rule Vi   | my signature below that: I wai   | Sanction:  | Effective Date:the offenses charged, this report and informal action   |
| c.                                     | - Informal Disnosition: Rule Vi   | my signature below that: I wai   | Sanction: <u>ive a hearing</u> by a hearing officer on the applicable I accept the offer of in   | Effective Date: the offenses charged, this report and informal action formal disposition sanction.   |
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| MARYLAND CORRECTIONAL INSTITUTION-JESSUP NOTICE OF INCIDENT (MATTER OF RECORD) (Circle One)  |
|--|
| 50/26/2  |
| TIME: A CONTRACT (A.M. YP.M.   |
| SECTION OR AREA OF INSTITUTION WHERE OCCURRED:  BHOUSING (INIT   |
| CONTRABAND DISCOVERY/SEIZURE: TW/O (2) STRINGES  |
| IF SO, DISPOSITION OF THE CONTRABAND: CONT |
| FACTS: ON 08/09/07 1, OFFICER ANYAEGBY   |
| WAS ASSIGNED TO UTILITY AT APPIZOXIMATELY  |
| 720 AM, I FOUNT) TWO(2) STRINGES ON  |
| INMATE ROGER TERRY DOC#341358, BE  |
| 234 DURING A STRIP SEARCH. THE TWO (2)   |
| STRINGES MERE TUCKED UNDER HIS   |
| TESTICLES. I HAD PRIOR TO THE STRIP-   |
| SEARCH CHECKED THE AREA AND FOUND  |
| NO WEAPONS OR CONTRABANDS. AREA  |
| MAS CHECKED AT 705 AM, AND INMATE  |
| POGER TERRY DOC#341358,13E234  |
| WAS THE FIRST IN MATE TO BETAKEN   |
| INTO THE SECURED ROOM & INMATE   |
| MAS POSITIVELY IDENTIFIED BY HIS   |
| STATE (SSUED IN) CARD.   |
| $\frac{1}{\lambda}$  |
|  |
|  |
|  |
|  |
| SHIFT: 7 X 5 REPORTING OFFICER (Chargest POST U) 12/19   |
| SUPERVISOR: LT. Hukon DATE: 8.9-07   |
| signature  14th hk (2) to ke t   |
| ACTION TAKEN: 27/ acr 42 - 10 / 10.00  |

### MARYLAND CORRECTIONAL INSTITUTION-JESSUP NOTICE OF INCIDENT / MATTER OF RECORD (Circle One)

7:20 SECTION OR AREA OF INSTITUTION WHERE OCCURRED: CONTRABAND DISCOVERY/SEIZURE: IF SO, DISPOSITION OF THE CONTRABAND: DATE: // August ACTION TAKEN: Attached to Notice Of Rule Violation, dtd. 8/9/07 ⊛ CC: Assistant Warden, Security Chief

**EXHIBIT 8** 

FOUND ON MARTIE ROPER TERRY DOCHBURSS TWO (2) HOME MADE STRINGES WELL

#### INMATE HEARING RECO.

Case: N/A

Heard With: N/A

### Department of Public Safety and Correctional Services

#### INMATE HEARING RECORD

| I. | PRELIMINARY MATTERS:                                   |
|----|--|
|    | Date of Appearance: 8/23/07 Time: 9:20 AM              |
|    | Inmate Representation: No Yes Name: Larry Bratt waived |

Inmate Witness: No X Yes Name(s):

Name: Roger Terry #341358 Date of Violation 8/9/07

Denied Reason:

Denied Reason:

### **Inmate Pleadings:**

| Rule | Not Guilty | No Plea | Guilty      |
|------|------------|---------|-------------|
| 113  |            |         | $\boxtimes$ |
|      |            |         |             |
|      |            |         |             |
|      |            |         |             |
|      |            |         |             |

### II. EVIDENTIARY MATTERS: Hearing Date: 8/23/07

Institutional Presentation (List): Notice of Inmate Rule Violation (pages \_1\_\_) submitted by Officer Anyaegbu, Matter of records Anyaebu, Sgt. Bradshaw,ID and copy of syringes and Institution Rep. Sgt. Lucas

Inmate Presentation (List): Individual voluntarily pled guilty to Rule 113. Individual admits his guilt to the rule violation (s) and waives his hearing rights. H.O. accepts guilty plea and finds that the guilty plea is merited.

Page 1 of 3

### INMATE HEARING RECO.

Case: N/A

Heard With: N/A

### Department of Public Safety and Correctional Services

### INMATE HEARING RECORD (Hearing Officer Decision)

Name: Roger Terry # 341358 Date of Violation: 8/9/07

#### **HEARING OFFICER'S DECISION:**

| Rule | Guilty   | Not Guilty | IR | Dismissed | <b>Informal Disposition Sanction</b> |
|------|--|------------|----|-----------|--------------------------------------|
| 113  |  |            |    |           |                                      |
|      |  |            |    |           |                                      |
|      |  |            |    |           |                                      |
|      |  |            |    |           |                                      |
|      |  |            |    |           |                                      |
|      |  |            |    |           |                                      |
|      | <del>                                     </del> |            | Ħ  |           |                                      |
|      | H  |            | Ħ  |           |                                      |

#### SANCTIONS IMPOSED:

Matrix Adjustment History: vf Effective Date: August 9, 2007

| Rule | Category | Seg. Days | CR Days | CC/CS | Revoke<br>GCC |
|------|----------|-----------|---------|-------|---------------|
| 113  | I        | 30        | 0       | CC    | 0             |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
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|      |          | ·         |         |       |               |
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|      |          |           |         |       |               |
|      |          |           |         |       |               |

| SEG = Segregation | CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits |
|-------------------|---|
|                   |   |

| Override-Reasons: |
|-------------------|
| Other Sanctions:  |

Reason for Decision (state evidence weighed and findings): After reading the report of the staff (and hearing testimony) about this reported incident and weighing all of the information submitted (whether photos, matters of records, supporting documents) as provided if applicable to this reported incident, Individual voluntarily pled guilty to Rule 113. Individual admits his guilt to the rule violation (s) and waives his hearing rights. H.O. accepts guilty plea and finds that the guilty plea is merited.

Ya Suncia Jayon

DPSCSD Form 105-5cR (Rev. Jan. 02) Printed on 8/23/2007 at 9:24 AM Page 2 of 3

HEARING OFFICER OF RECORD:

La Nuicia Vayles

August 23, 2007

DATE

I hereby acknowledge receipt of the hearing officer's decision:

Roger Terry341358

DATE

Distribution: Institution

Inmate Report Staff

### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

|                | tarril Dagger 341-  |
|----------------|---|
| Inm            | ate Name Cry, Koyer DOC# 358 Date of Decision: \$123/67   |
| Rule           | Violation: Guilty 1/3   |
| l.             | Review: I have reviewed the decision in your case and take the following action:  |
|                | ☐ Decision and sanction(s) affirmed. ☐ Sanction(s) imposed is modified (see Section III). ☐ Decision referred to Commissioner for review.   |
|                | <ul> <li>□ The decision is remanded for new hearing due to the following reason:</li> <li>□ By my order for clarification of the record (see Section III).</li> <li>□ By order of the: □ Commissioner, □ Secretary of DPSCS, or □ court (see Sections III and V).</li> </ul>  |
| II.<br>/       | Reviewing Authority Signature:  |
|                | Print Name & Title Signature Date   |
| ******<br>III. | Comments:   |
|                |   |
|                |   |
|                |   |
|                |   |
| įV.            | Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of Facility's service obligation.  |
|                | Inmate 8ignature: Date: |
|                | Served By:  |
| *****          | **************************************  |
| V.             | Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date and time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision.  |
|                | Representative:   |
|                | Witness:  |
| Dist           | ribution: White – Base File Yellow – Inmate   |
| DC F           | Form 105-9aR (Rev. Feb. 07)   |

### BSCIS OFFENDER FUNCTION

MAINTAIN INFRACTIONS DATA

PAGE: 2

DATE: 12/03/07

DOC #: 341358 TERRY ROGER DALE

ACTION: \_\_\_\_ INFR DT/TIME: 08 09 2007 / 07 20 INMATE SERVED: 08 11 2007 / 14 40

INSTITUTION : MCIJ MD CORR INS-JES SCHEDULED HEARING: 08 16 2007
RULES CHARGED : 113 \_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ CUR SEC: \_\_\_\_

INFORMAL DISP : OFFERED N ACCEPTED BY INMATE N WITNESS REQUESTED N

WRITTEN BY : OFC. ANYAEGBU INFRAC ENTERED BY: FISHER M

HEARING DATE/TIME: 08 23 2007 / 09 20 ENTERED BY: DAUGHERTY N

DISPOSITION : GUILTY Y NOT GUILTY \_ DISMISSED \_ REDUCE TO INCIDENT \_

GUILTY OF RULES : 113 \_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_\_

SANCTION : SEG 0030 DAYS FR 08 09 2007 TO 09 07 2007 END DATE 02 08 2008

: CELL \_\_\_\_ DAYS FR \_\_ TO END DATE 03 08 2008

: LOV \_\_\_\_ DAYS FR \_\_ TO END DATE

INDEFINITE LOSS VISITS FLAG:

DIM REVOKED: GCC DAYS SPC DAYS HO NAME: TAYLOR

COMMENTS : COMMENTS :

WARDENS ACTION: AFFIRMED Y REDUCED NEW PROC ORDERED DATE 09 10 2007

DATE ENTERED: 10/04/07 ENTERED BY: SPARROW, K

WARDENS COMMENTS:

\* INMATE HAS +996 GCC AND +32 SPC AVAILABLE \*\*( +1028) \*\*

- INQUIRY ONLY.

**SEPTEMBER 12, 2007** 

RULES 104, 401, 405, 500



### MARYLAND DIVISION OF CORRECTION NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

| 12            | 07           | <u>~</u> |
|---------------|--------------|----------|
| 4.C. Appendix | to DCD 105-4 |          |
|               |              |          |

| Inmate Nar   | ne: Roger  | Terry<br>625hrs. Fo  | <b>DOC</b> #: <u>341-35</u><br>mended charge: <u>104</u>  | Facility WC  | — Housing: <u>5-A-22B</u>  |
|--|--|--|---|--|--|
| Violation: Dat   | te: <u>9//2///</u> Time: <u>'</u>  | AM/PM/Recom  | mended charge:  | 401, 103, 403  |  |
| Reported for approximall existing officer Then I ain inmate II ri his he II Try  | mately is yard. A yard | 2 107 I, F. Bu 225 hrs. the 15 inmate g he should that his pu Tevry fl "You all into any o display h fucting nd his be cutt me an  | rtey (off, was as inemate) were Roger Trong Coll at modifical "I are a bun cell until is state identified in arder of I will for fred. Terry  | signed to Hou  poc # 34 - 358  I want mu  be distrib  and my f  ch of bitche  I get my p  tification co  to be han  yelled You   | property." I inform<br>a fed by the property rou<br>incting property rous<br>and combinds lypho<br>property." I ordered<br>and. Terry stated<br>Terry to place   |
| true.  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   | _  |  |
| Reporting S  | Staff: <u>E</u>  | Bustey Cost<br>Print Name and Title  |   | E. Broker<br>Signature   | 7 COST 9/12/07.  Date  |
| 1. Supervi   | sory Review: Th  | e above report has be  | en reviewed with the follow   | ving action taken:   |  |
|  |  | ,  |   |  | traband Disposition □ Incident Report  |
|  | •  |  | _   |  |  |
|  |  | 104,401,405  |   |  |  |
| c. 🛘 Inform  |  |  |   |  |  |
| d Informa  | al Service: I under  | stand by my signature be   | Sanction:<br>low that: I <u>waive a hearing</u> by<br>rds, and where applicable I a   | a hearing officer on the offen   | Effective Date:<br>uses charged, this report and informal action<br>disposition sanction.  |
| d. <b>Inform</b><br>will be p  | al Service: I under<br>laced on my OBSCIS  | stand by my signature be   | low that: I waive a hearing by  | a hearing officer on the offen   | ses charged, this report and informal action   |
| d. Informate S   | al Service: I under<br>laced on my OBSCIS<br>Signature:  | stand by my signature be<br>S & in my facility file reco   | low that: I waive a hearing by  | a hearing officer on the offen<br>ccept the offer of informal of<br>Date:  | ses charged, this report and informal action<br>disposition sanction.  |
| d. Information will be pure lineare S e. Comme   | al Service: I under laced on my OBSCIS   | estand by my signature be  See in my facility file reco  When the state of the stat | low that: I waive a hearing by rds, and where applicable I a  | a hearing officer on the offen ccept the offer of informal of  Date:  Date:  Signature   | ses charged, this report and informal action disposition sanction.  Time:  A CAT 9-13-07  Date   |
| d. Information will be pure lineare S e. Comme   | al Service: I under laced on my OBSCIS   | estand by my signature be  See in my facility file reco  When the state of the stat | low that: I waive a hearing by rds, and where applicable I a  | a hearing officer on the offen ccept the offer of informal of  Date:  Date:  Signature   | ses charged, this report and informal action disposition sanction.  Time:  A CAT 9-13-07  Date   |
| d. Information will be pure lineare Se. Commercial for Shift Supplemental Administration will be pure linear to the pure linear | al Service: I under laced on my OBSCIS   | stand by my signature be See in my facility file reco  See in my facility file reco  See In Mare and Title  ation Assignment R   | low that: I waive a hearing by rds, and where applicable I a  | a hearing officer on the offen ccept the offer of informal of  Date:  Date:  Signature   | ses charged, this report and informal action lisposition sanction.  Time:  A Army  A GL 9-13-07  |
| d. Information will be pure lineare Se. Commercial for Shift Supplemental Administration will be pure linear to the pure linear | al Service: I under laced on my OBSCIS Signature: ents:  pervisor:  fistrative Segreg  | stand by my signature be See in my facility file reco  See in my facility file reco  See In Mare and Title  ation Assignment R   | low that: I <u>waive a hearing</u> by rds, and where applicable I a waive a hearing by rds, and where applicable I a waive a hearing by rds, and where applicable I a waive a hearing by rds, and where a hearing by rds, and waive a hearing by rds, and where a hearing by rds, and a heari | a hearing officer on the offen ccept the offer of informal of  Date:  Date:  Signature   | Ses charged, this report and informal action lisposition sanction.  Time:  Array  Date  Date  To Disapprove.   |
| d. Information will be pin inmate St. Comme f. Shift Sure Shift Comme shift Co | al Service: I under laced on my OBSCIS lignature:  ents:   | estand by my signature be See in my facility file reco Section Application Assignment Residence and Title  ation Assignment Residence and Title  E: A. Preparation: You are the offenses charged in this littly if you indicate their new request for you are request for your may your may have may your may have | low that: I waive a hearing by rds, and where applicable I a waive a hearing by rds, and where applicable I a waive was a commendation. The recommendation was representation: The recommendation was repersented by the rearing any witness who is a commendation and waive was a commendation of the rearing any witness who is the rearing any witness who is the rearing any witness who is a commendation.   | a hearing officer on the offen ccept the offer of informal of the country of the  | Ses charged, this report and informal action lisposition sanction.  Time:  Array  Date  Date  To Disapprove.   |
| d. Information will be pinned at the pinned  | al Service: I under laced on my OBSCIS signature: ents:  pervisor:  Fistrative Segreg namander:  Pl Hearing Servic officer to answer to to population of this factation. C. Witnesses: g staff if you indicate entative:   | estand by my signature be as in my facility file reconstruction. A signature be at a | eview: The recommendation of the interest of interest of the i      | a hearing officer on the offen ccept the offer of informal of the country of the  | Time:  Date  This notice before you may appear before a at your hearing as a waiver of your right to call witnesses.   |
| d. Information will be pin inmate Section of the comment of the co | al Service: I under laced on my OBSCIS signature:  ents:   | estand by my signature be  See in my facility file reconsistent of the second of the s | eview: The recommendation of the interior and with the interior and the in      | a hearing officer on the offen ccept the offer of informal of the country of the  | Time:  Date  Total  Date  This notice before you may appear before a at your hearing as a waiver of your right to imulative that may include staff and/or the  |
| d. Information will be pin inmate S. e. Comme  f. Shift Sun  2. Adminimate Shift Comme  3. Formation hearing generally represented reporting Representations  4. Appear  5. Service  | al Service: I under laced on my OBSCIS signature:  | estand by my signature be as in my facility file reconstruction. The action Assignment Research Name and Title ation Assignment Research Name and Title ation Assignment Research Name and Title at the offenses charged in the lility if you indicate their name below. A factor of the significant indicate their name below is not name below. A factor of the significant indicate their name indicate their name in the significant indicate their name below is not name below. A factor of the significant indicate the name below is not name below is only acknown.   | eview: The recommendation of the interior and with the interior and the in      | Date:  Signature  n has been reviewed and I  Signature  e date and time of receipt of You may request representantel below shall be deemed relevant, material, & non-cuall be deemed at your hearing the work of the state of the  | this notice before you may appear before a tion by staff or a qualified inmate from the at your hearing as a waiver of your right to call witnesses.  of receipt for the hearing officer's decision by the facility.   |
| d. Information will be pinned at the pinned  | al Service: I under laced on my OBSCIS signature:  | stand by my signature be & in my facility file reco  | eview: The recommendation of the second of t      | a hearing officer on the offen ccept the offer of informal of the company of the offer of informal of the company of the offer of informal of the company of the offer | this notice before you may appear before a tion by staff or a qualified inmate from the at your hearing as a waiver of your right to amulative that may include staff and/or the ag as a waiver of your right to call witnesses.  of receipt for the hearing officer's decision and waiver of service obligation by the facility.  Date: 9-12-07  Date  Date: 9-12-07  Date: 9-12-07 |
| d. Information will be pinned at the pinned  | al Service: I under laced on my OBSCIS signature:  | stand by my signature be & in my facility file reco  | eview: The recommendation of the second of t      | a hearing officer on the offen ccept the offer of informal of the company of the offer of informal of the company of the offer of informal of the company of the offer | this notice before you may appear before a tion by staff or a qualified inmate from the at your hearing as a waiver of your right to amulative that may include staff and/or the ag as a waiver of your right to call witnesses.   |
| d. Information will be pinned at the pinned  | al Service: I under laced on my OBSCIS signature:  | stand by my signature be & in my facility file reco  | eview: The recommendation of the entitled to 24 hours from the same below. A failure to list a gar hearing any witness who is ailure to list by name below should be with the ward ledgment for receipt of notice and request to appreciated to sign for serious and request to sign for serio      | a hearing officer on the offen ccept the offer of informal of the company of the offer of informal of the company of the offer of informal of the company of the offer | this notice before you may appear before a tion by staff or a qualified inmate from the at your hearing as a waiver of your right to amulative that may include staff and/or the ag as a waiver of your right to call witnesses.  of receipt for the hearing officer's decision and waiver of service obligation by the facility.  Date: 9-12-07  Date  Date: 9-12-07  Date: 9-12-07 |

DC Form 105-4a (Rev. Feb. 07)

# Maryland Division of Correction NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING (Continuation Sheet)

| Inmate Name: Roger Terry #: 341-358 Date of Violation: 9/12/07  to have problems from me no matter where you put me. "Inmate.  Terry mas informed of this adjustment and identified by his  state identification card. |
|--|
| to have problems from me no matter where you put me, " Inmate.   |
| Team was intermed of this adjustment and identified by his   |
| che tidentification counts   |
| 37 a/C 100 a/17 100 100 100 100 100 100 100 100 100 1  |
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|  |
| Inmate's Signature Rogh 9 erry # 341-358 Date 9-12-07  |
| W. Handerson   |
| Notice Served By January Title Coll Date 9/12/87 Time 22.45  |
|  |

Distrbution: White copy - Base File Yellow copy - Inmate Pink copy - Institution

DC Form 105-5a (Rev. Nov. 1997)

### WESTERN CORRECTIONAL INSTITUTION Cumberland, Maryland

### INFORMATION REPORT FORM

| DATE: 12th September 2007 APPROXIMATE TIME: 1925 HRS  |
|---|
| DISTRIBUTION: SHIFT COMMANDER   |
| INCIDENT REFERENCE HEADING: Disruptive Inmate INMATE'S NAME, NUMBER, HOUSING: Terry, Roger #341358 HU 5 B 22B                     |
| INCIDENT DESCRIPTION (WHO, WHAT, WHERE, WHEN, HOW)?: On 12th September at approximately 1925 HRS I Officer                        |
| Crawford COII was escorting the Med Nurse on A-Tier when I heard a confrontation on the bottom of A-Tier Between                  |
| Officer Burkey COII and Inmate Terry, Roger #341358 HU 5 B 22B. I Officer Crawford COII Heard Inmate Terry tell Officer           |
| Burkey COII " I want my fucking property now" then he said "You are all a bunch of bitches and cowards up here, I ain't going     |
| into the cell until I get my property." At that time Officer Burkey COII ordered Inmate Terry to place his hands behind his back. |
| Inmate Terry replied "try to handcuff me and I will fuck up all you bitches." Inmate Terry was then handcuffed and I Officer      |
| Crawford COII escorted him to Housing Unit 5 without further incident.  |
| Clawfold COII Cacolect Hills to Floating east of the  |
|   |
|   |
|   |
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|   |
|   |
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|   |
|   |
|   |
| A. Crawford COIL  REPORTING OFFICER PRINTED NAME / SIGNATURE  |
| REPORTING OFFICER FRONTIAL AND A BIGHT ORD  |
| DISPOSITION OF INCIDENT: Tolograms Cupit acongonis  |
| Alter of the books  |
| 100/m 01 more time  |
|   |
| DISTRIBUTION:   |
| POLYCIACIO COM DEDE DIMATES COPY  |
| ASSISTANT WARDEN  SECURITY CHIEF  MEDICAL DEPT.  8-4 SHIFT  |
| UNIT MANAGER REPORTING OFFICER 4-12 SHIFT   |
| CASE MANAGER HEARING OFFICER 12-8 SHIF1 MAINTENANCE OTHER   |
|   |

SUPERVISOR PRINTED NAME AND TITLE

### INMATE HEAKING KECUKU

Case: Terry, Roger # 3-1358

Heard With:

## Department of Public Safety and Correctional Services INMATE HEARING RECORD (Hearing Officer Decision)

| Name: | # | Date of Violation: | 9/12/07 |
|-------|---|--------------------|---------|
|       |   |                    |         |

#### **HEARING OFFICER'S DECISION:**

| Rule | Guilty | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|------|--------|------------|----|-----------|-------------------------------|
| 104  |        |            |    |           |                               |
| 405  |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |

### SANCTIONS IMPOSED:

Matrix Adjustment History: POOR Effective Date: 9-12-07

| Rule | Category | Seg, Days | CR Days | CC/CS | Revoke<br>GCC |
|------|----------|-----------|---------|-------|---------------|
| 104  | I        | 150       |         |       | 0             |
| 405  | IV       | 60        |         | CC    | 0             |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| Override-Rea Other Sanction |                |                 |                   |                    |            |
|-----------------------------|----------------|-----------------|-------------------|--------------------|------------|
|                             |                |                 |                   | HO accepts negoti  |            |
| agreement. Def              | understands th | ne ramificatior | s of his guilty p | plea and agrees to | waiver his |
| hearing/rights.             | END AD>        | . :             |                   |                    |            |

Case: Terry, Roger # 3-.1358

Heard With:

### Department of Public Safety and Correctional Services INMATE HEARING RECORD

| Nar | ne: #         | Date        | of Violati | on 9/12/07   |      |
|-----|---------------|-------------|------------|--------------|------|
| I.  | PRELIMIN      | NARY MA     | TTERS:     |              |      |
|     | Date of App   | earance: 9/ | 17/07 Tim  | e: 11:30 AM  |      |
|     | Inmate Repr   | esentation: | ⊠ No □     | Yes Name:    | self |
|     | Denied Reason | ı:          |            |              |      |
|     | Inmate Witn   | iess: 🔯     | No 🗌 Ye    | s Name(s):no | ne   |
|     | Denied Reason | ı:          |            |              |      |

### Inmate Pleadings:

| Rule | Not Guilty | No Plea | Guilty      |
|------|------------|---------|-------------|
| 104  |            |         |             |
| 405  |            |         | $\boxtimes$ |
|      |            |         |             |
|      |            |         |             |
|      |            |         |             |

### II. EVIDENTIARY MATTERS: Hearing Date: 9/17/07

Notice of Rule Violation form:Two pg Notice, one pg Info by Crawford are both made part of the Record.

Preliminary Issues presented by Def:none presented

Statement by Def:

#### INMATE HEARING RECURD

HEARING OFFICER OF RECORD:

 Davis,
 HO

 9/17/2007

 DATE

I hereby acknowledge receipt of the hearing officer's decision:

Roger Terry #341358 DATE

Distribution: Institution

Inmate Report Staff

4- A-58 Appendix 1 to DCD 105-9

### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

infraction 9/12/07 DOC#\_341358 Date of Decision: heard 9/17/07 Roger Terry 4C13 Rule Violation: Guilty rules 104 & 405 Review: I have reviewed the decision in your case and take the following action: Decision and sanction(s) affirmed.  $\square$  Sanction(s) imposed is modified (see Section III). ☐ Decision referred to Commissioner for review.  $\square$  The decision is remanded for new hearing due to the following reason: ☐ By my order for clarification of the record (see Section III).  $\square$  By order of the:  $\square$  Commissioner,  $\square$  Secretary of DPSCS, or  $\square$  court (see Sections III and V). Reviewing Authority/Signature: Comments: Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of the Facility's service obligation. ☐ Inmate ID verified at service and inmate refused to sign for service receipt. (02 Date 10-30-07 Time 1301 8 P.M. Served By: Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date nad time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision. Representative: \_ Witness: Yellow - Inmate Distribution: White - Base File

DC Form 105-9aR (Rev. Feb. 07)



### **Department of Public Safety and Correctional Services**

### **Division of Correction** Western Correctional Institution

13800 McMULLEN HIGHWAY, SW · CUMBERLAND, MARYLAND 21502 (301) 729-7000 • FAX (301) 729-7024 • TTY USERS 1-800-735-2258 • www.dpscs.state.md.us

STATE OF MARYLAND

MARTIN O'MALLEY

ANTHONY G. BROWN

GARY D. MAYNARD SECRETARY

G. LAWRENCE FRANKLIN DEPUTY SECRETARY

DIVISION OF CORRECTION

I MICHAEL STOUFFER ACTING COMMISSIONER

VACANT DEPUTY COMMISSIONER

WESTERN CORRECTIONAL INSTITUTION

BOBBY SHEARIN WARDEN

HARRY B. MURPHY,Ph.D. ASSISTANT WARDEN

FRANK B. BISHOP, JR CHIEF OF SECURITY

ADMINISTRATIVE ACTION

Roger Terry #341358 HU4A38A

DATE: 10/15/07

The recommendations of the Reduction of Violence Committee on the Adjustment Infraction of 9/12/07 have been evaluated. It has been determined to impose the following Administrative Action:

**Hearing Date:** 

9/17/07

Original Sentence:

Guilty rule 104 - Cat I - 140 days seg;

Administrative: Action:

The ROV is imposing an administrative action upon your release from segregation to general population. Your conduct posed a serious threat to the security and orderly running of WCI. Administratively you will be restricted to your assigned room for 30 days to ensure that you are in compliance with WCI rules and regulations. Your Unit Manager will

discuss with you the specifics of this restriction and any

exceptions therein.

BPS/rme

File w/Adjustment Infraction cc:

Gate House Reception (for visiting sanctions only)

Segregation Unit Officer Case Management (2)

Commitment

Traffic Office

ROV Committee- AW (for additional sanctions only)

NOVEMBER 28, 2008 RULES 312, 400, 401





### **MARYLAND DIVISION OF CORRECTION** NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

|   | Terry, Roger   | DOC#: _  | 341358   | Facility   | WCI  | Housing:   | -B-Z  |
|---|--|--|--|--|--|--|---|
| Violation: Date: 11/28  | /2008 Time: 0830 hrs_AM/PM. Red  | commended charg  | je:  | 312, 400, 401  |  |  |   |
| inmate Michael,<br>to HU4B 2, whe<br>inmate refused to<br>place inmate Te<br>comply. At this to<br>Ofc Linaburg se-<br>staff was waiting  | November 28, 2008 at approsistasked to place inmate Te Warner 307136 back into his re he was given strip search o place his on hand on the vrry's hand on the wall. Inmatime I applied pepper spray foured inmate Terry's left han in Inmate Terry refused medicated in the personal recognition in the wall.  | s assigned cell a instructions by ( vall. Inmate content of the co | Ofc Linaburg. ' Ofc Linaburg. ' tinued to refus more aggress facial area. Inn s and then he nd a shower. Ir  | When Ofc Lingle are When Ofc Lingle and resist a continuate Terry was escorted.  | aburg und Il orders a nued to re s then pla to HU4 m   | cuffed Inmate To<br>and efforts by O<br>esist our efforts<br>aced on the cell<br>nedical room wh   | erry's left hand,<br>fc Faulkner to<br>and orders to<br>floor where<br>lere medical   |
| :   | under the penalties of perjoon S. Wilson COII  | ury and upon pe  | ersonal knowle   | edge that the  | facts set  | 11/28/2008   | ove report are  |
|   | Print Name and Title   |  | 7  | Signature  |  | Date   |   |
| c.   Informal Die   | harged: 3/2, 400  sposition: Rule Violation: /ice: I understand by my signature  | Sa   | anction:   |  |  | Effective Dat  | te:   |
| Inmate Signatur   | my OBSCIS & in my facility file r  | ecords, and where a  | applicable I accep   | the offer of info  | rmal dispos  | ition sanction.  |   |
| Inmate Signatur  e. Comments:  f. Shift Supervise   | or:  | ecords, and where a  | applicable I accept  | Date of the offer of info  | e:   | ition sanction. Time:  | 28  |
| f. Shift Supervise  Shift Commander  Shift Commander  Formal Hearing officer to general population representation. Creporting staff if  Representative: Appeal: Your  | Print Name and Title  Ye Segregation Assignment  Print Name and Title  Print Name and Title  A Preparation: You  o answer to the offenses charged in  on of this facility if you indicate their  Witnesses: You may request for y  you indicate them by name below. A  | are entitled to 24 he this notice. B. Repr name below. A failure to list by na Witness:  sanction in writing   | commendation has ours from the date resentation: You reliure to list a name tness who is relevanted by the commendation of the warden with the control of the control of the warden with the control of the control | Signature been reviewed a Signature and time of reconay request reprobelow shall be dient, material, & deemed at your thin 15 calendar                     | and I PAP  eipt of this neesentation becomed at you hearing as a days of rece  | Time:    1/28   6    Date     Date     Date     Disa     Disa     Date     Disa      | pprove.  Ty appear before a d inmate from the ref of your right too the staff and/or the ref of call witnesses.   |
| f. Shift Supervise  f. Shift Supervise  2. Administration Shift Commander  3. Formal Hearing officer to general population representation. (reporting staff if Representative:  4. Appeal: Your Service of No. Waiver of 24 Inmate's Signal | Print Name and Title  Ye Segrectation Assignment  Print Name and Title  Print Name and Title  Print Name and Title  On Service: A. Preparation: You on answer to the offenses charged in on of this facility if you indicate their in the print of the print | are entitled to 24 hr. this notice. B. Reprire name below. A failure to list by na Witness:  Sanction in writing owledgment for receur notice and requirements.  | commendation has some the same tress who is relevanted by the warden with the warden warden was the warden wa | Signature been reviewed a signature and time of recensary request reprobelow shall be dement at your chin 15 calendar Refusal to sign is efore a hearing   | and I PAP  eipt of this nesentation becemed at you days of recedemed waiting of the series of the se | prove or Disa    Date  | pprove.  Any appear before a dimmate from the very of your right to the staff and/or the fitto call witnesses.  Officer's decision. tion by the facility. |
| f. Shift Supervise  f. Shift Supervise  2. Administration Shift Commander  3. Formal Hearing officer to general population representation. (reporting staff if Representative:  4. Appeal: Your Service of No. Waiver of 24 Inmate's Signal | Print Name and Title  Ye Segregation Assignment  Print Name and Title  Print Name and Title  Print Name and Title  A Preparation: You  answer to the offenses charged in  to of this facility if you indicate thei  Witnesses: You may request for y  you indicate them by name below. A  may appeal a guilty decision and/or  tice: Signature below is only acknowledged  Hour Notice:   I waive 24 ho  ture:   | are entitled to 24 hr. this notice. B. Reprire name below. A failure to list by na Witness:  Sanction in writing owledgment for receur notice and requirements.  | commendation has some the same tress who is relevanted by the warden with the warden warden was the warden wa | Signature been reviewed a signature and time of recensary request reprobelow shall be dedeemed at your chin 15 calendar Refusal to sign is efore a hearing | and I PAP  eipt of this nesentation becemed at you days of recedemed waiting of the series of the se | ition sanction.  Time:    1/28 / 6    Date     D | pprove.  Any appear before a dimmate from the very of your right to the staff and/or the fitto call witnesses.  Officer's decision. tion by the facility. |

DC Form 105-4a (Rev. Feb. 07)

## Maryland Division of Correction INMATE HEARING RECORD

| Name: Terry, Roger                        | DOC# 341358 Violation Date: 11/2   | 8/08   |            |
|---|--|--|------------|
| Hearing Officer of Rec<br>Heard With: N/A | ord: Davis   |  |            |
| I: PRELIMINARY I                          | MATTERS:   |  |            |
| Defendant inmate                          | appearance: Date: 12/8/2008 Tim  | e; 9:35 AM   |            |
| The hearing officer of                    | record shall document the following                                      | for the record:                                    |            |
| 1. List any reque inmate.                 | est for inmate representation: 🛭 F                                       | Representation waived by                           |            |
| Yes: Nam                                  | e: waivered  |  |            |
| NOTE: If requ                             | uest is denied for procedural caus                                       | e, state below why:                                |            |
| 2: List any reque                         | est by name for a witness: 🛛 Wi  | tness(es) waived by inmate.                        |            |
| a: 🗌 Yes: Na                              | ame: waivered  | ·  |            |
| b: List reque<br>testimony for the wi     | sted witness(es) and state defend<br>tness(es):                          | lant's proffer as to                               |            |
| c: If inmate v                            | vitness(es) request is denied for p                                      | procedural cause, state                            |            |
| 3: State any mo<br>as to such: лопе pre   | tions, evidence requests, etc. and sentedDef wished to plead guilty to t | hearing officer's decision<br>rule[s] as indicated |            |
| 4: State any req                          | uest for postponement and heari  | ng officer's decision as to                        |            |
|   |  | ,  |            |
|   |  | ·  |            |
|   |  |  | Deleted: 5 |
| DC form 105-7b (Rev.                      | Feb. 07)   | Page 1 of <u>5</u> ,                               |            |
|   |  |  |            |

Name: Terry, Roger DOC# 341358 Violation Date: 11/28/08

### II. EVIDENTIARY MATTERS:

a. Hearing Date: 12/8/2008

b. Name of Facility Representative: Slate

c. Defendant Inmate Plea:

| Rule | Not Guilty | No Plea | Guilty |
|------|------------|---------|--------|
| 312  |            |         |        |
| 400  |            |         |        |
| 401  |            |         |        |
|      |            |         |        |
|      |            |         |        |

d. Argument by Parties and Testimony of Witnesses:

| DC form | 105-75 | (Rev | Feh | 07 |
|---------|--------|------|-----|----|

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Dage 2 of 5

### Maryland Division of Correction INMATE HEARING RECORD

Name: Terry, Roger # 341358 Date of Violation: 11/28/08

Hearing Officer of Record: Davis

Heard With: N/A

#### III: HEARING OFFICER DECISION:

| Rule | Guilty      | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|------|-------------|------------|----|-----------|-------------------------------|
| 312  |             |            |    |           |                               |
| 400  |             |            |    |           |                               |
| 401  | $\boxtimes$ |            |    |           |                               |
|      |             |            |    |           |                               |
|      |             |            | Щ  |           |                               |
|      |             |            | Ш  | <u> </u>  |                               |
|      |             |            |    |           |                               |
|      |             |            |    |           |                               |

### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: One pg Notice made part of the Record
- B. Based on evidence above, state fact findings:

  HO finds Def. is knowingly pleading guilty to the rule[s] indicated.
- C. Based on fact finding above, state your decision:

  HO accepts negotiated plea agreement. Def understands the ramifications of his

guity plea and agrees to waiver his hearing/rights. Def put forward no issues. END AD>

|                               | Deleted: 5         |
|-------------------------------|--------------------|
| DC form 105-7b (Rev. Feb. 07) | Page 3 of <u>5</u> |

Name: Terry, Roger DOC# 341358 Violation Date: 11/28/08

### V. SANCTIONS:

Matrix Adjustment History: POOR Effective Date: 11-28-08

| Rule | Category | Seg. Days | -CR Days                          | -cc/cs          | Revoke<br>GCC |
|------|----------|-----------|-----------------------------------|-----------------|---------------|
| 312  | III      | 90        | 0.00 0.00 0.000 0.000 0.000 0.000 |                 | 0             |
| 400  | IV       | 60        |                                   | CC              | 0             |
| 401  | IV       | 60        |                                   | CC              | 0             |
| 10.  |          |           |                                   |                 |               |
|      |          |           |                                   |                 |               |
|      |          |           |                                   |                 |               |
|      |          |           |                                   |                 |               |
|      |          |           |                                   | Histo CCC = C00 | od Conduct    |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| Old its                  |   |  |
|--------------------------|---|--|
| Override- State Reasons: | • |  |
| Other Sanctions:         |   |  |

DC form 105-7b (Rev. Feb. 07)

| ·                  |  |
|--------------------|--|
| Deleted: 5         |  |
| 7                  |  |
| Page 4 of <u>5</u> |  |

| VI RECEIPT OF HEARING RECO | JRL | ): |
|----------------------------|-----|----|
|----------------------------|-----|----|

Date of Hearing: 12/8/2008

Date of Violation: 11/28/08

Teleconferenced Hearing: N/A

Name and Title of Serving Staff:

DATE

By signing I hereby acknowledge receipt of the hearing officer's decision:

R Terry #

DATE

Distribution: Institution

Inmate

Report Staff

DC form 105-7b (Rev. Feb. 07)

Page 5 of <u>5</u>,



Appendix 1 to DCD 105-9

### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

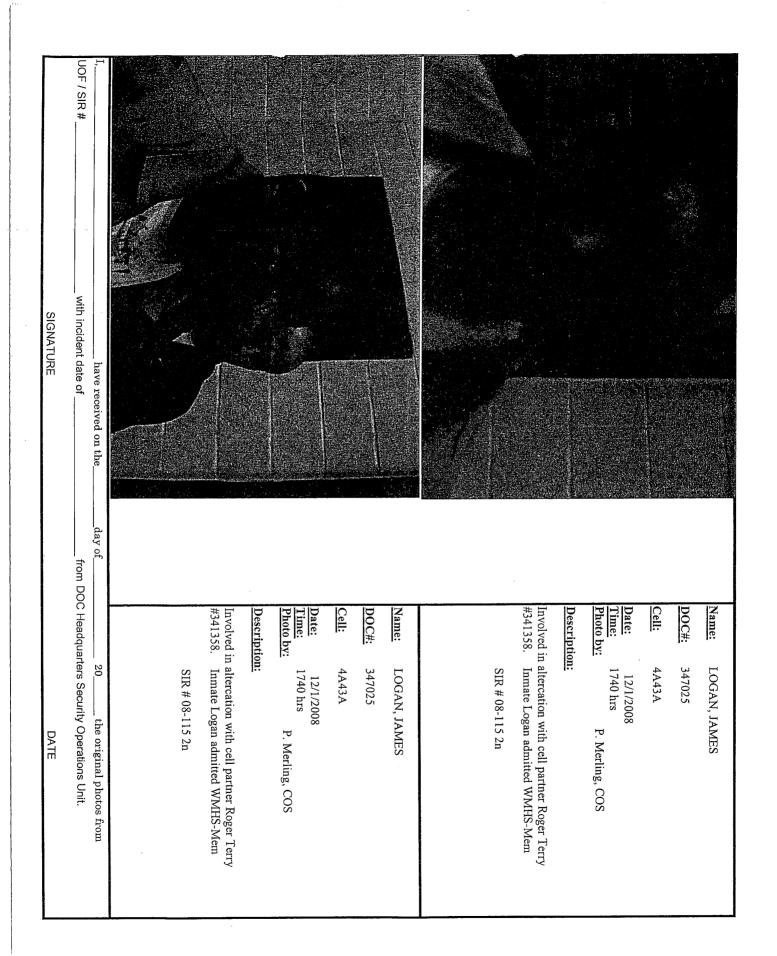
|      | infraction 11/28/08  |
|------|--|
| Inma | ate Name_Roger Terry (4A43) DOC#_341358 Date of Decision: heard 12/8/08  |
|      |  |
| Rule | Violation: Guilty rules 312, 400, & 401  |
| 1.   | Review: I have reviewed the decision in your case and take the following action:   |
|      | Decision and sanction(s) affirmed.  □ Sanction(s) imposed is modified (see Section III).  □ Decision referred to Commissioner for review.  □ The decision is remanded for new hearing due to the following reason:  □ By my order for clarification of the record (see Section III).  □ By order of the: □ Commissioner, □ Secretary of DPSCS, or □ court (see Sections III and V).  |
| 11.  | Reviewing Authority Signature:   |
|      | Bobley P Solarin Warden 12/31/68   |
|      | Print Name & Title Signature Date  |
| Ш.   | Comments:  |
|      |  |
|      |  |
|      |  |
|      |  |
| IV.  | Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of the Facility's service obligation.   |
|      |  |
|      | Inmate Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
|      |  |
|      | Served By Mile Title In Date 1-6-67 Time Ff DP.M.  |
|      |  |
| V.   | Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date nad time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision. |
|      | Representative:  |
|      | Witness:   |
| Dis  | stribution: White - Base File Yellow - Inmate  |
|      |  |

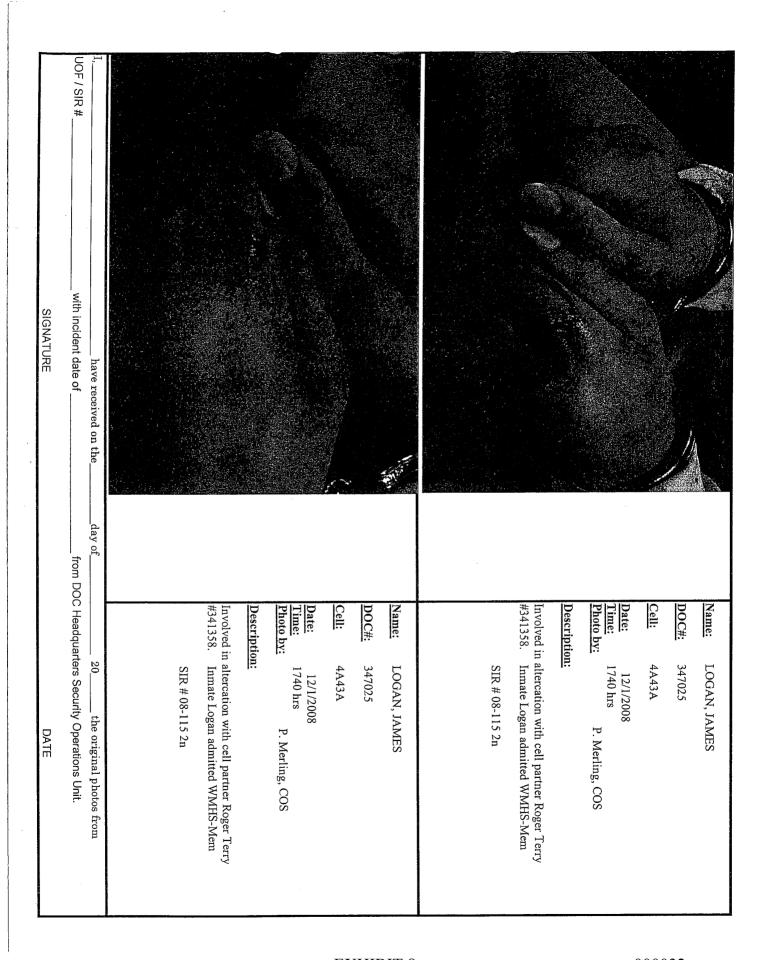
DECEMBER 1, 2008 RULE 102

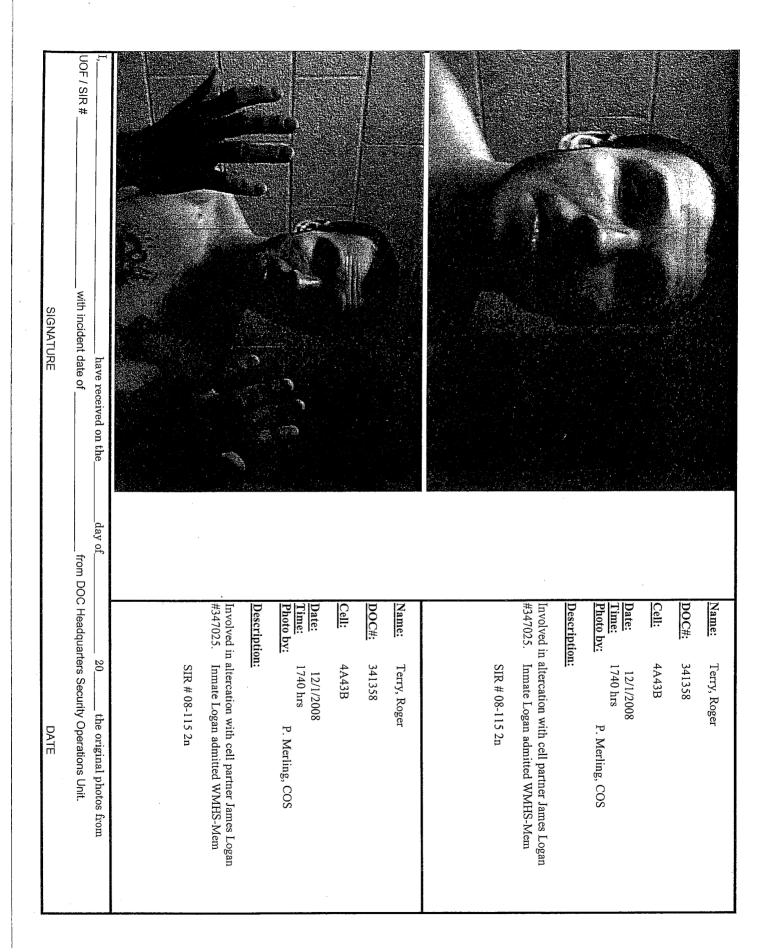


| Appendix | - 3 | to | תכת | 105-4 |
|----------|-----|----|-----|-------|

| · ·  | ON AND DISCIPLINARY HEARING  | G  |
|--|--|--|
| Inmate Name: Roger Terry DOC#: 34  | 1358 Facility WCI House  | sing HU4 A43B  |
| Violation: Date: 12 1 08 Time: 1730 AMPM Recommended charge:   |  |  |
| Reported facts: An 12-1-08 I Ofc. A housing unit 4 (A wing). At approximate above not towards the cell window facing in no sweating perfessely and breathing is was bleeding trom the face. I in Inmates to cuff-up failure to do Inmate Roger terry complied with removed without inicident.  | Moses COIT WAS ASSIGNATELY 1730, I Offer mezzanine level. As a med immate standing with a cult partner mediately asted what of held now ! I o so would result in a hony orders. Inmate   | . A. Moses I approached  Ith his back  every was  (Jalmes Logan)  happoned  ordered both  use of force  Terry was  |
| i solemnly affirm under the penalties of perjury and upon persor   | nal knowledge that the facts set forth in  | the above report are   |
| true.  |  |  |
| Reporting Staff: A. MOSES, OOTE  Print Name and Title  | a. Moses, cott   | Date 1, 2008   |
|  |  |  |
| Supervisory Review: The above report has been reviewed with the  | •  | •  |
| a. Action Taken: ☐ Formal Hearing ☐ Administrative Segregation Ass   | ignment □ Use of Force □ Contraband Dispo  | osition □ Incident Report  |
| b. Rule Violation Charged: 102   |  |  |
| C   Informal Disposition, Pulc Violations   Samuel   |  |  |
| <ul> <li>c. ☐ Informal Disposition: Rule Violation: Sanct</li> <li>d. Informal Service: I understand by my signature below that: I waive a hea</li> <li>will be placed on my OBSCIS &amp; in my facility file records, and where applic</li> </ul>   | ring by a hearing officer on the offenses charged, thi   | tive Date:<br>s report and informal action<br>tion.  |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applications of the signature.  | ring by a hearing officer on the offenses charged, thi<br>able I accept the offer of informal disposition sanc   | s report and informal action<br>tion.  |
| d. Informal Service: I understand by my signature below that: I waive a hea  | ring by a hearing officer on the offenses charged, thi<br>able I accept the offer of informal disposition sanc   | s report and informal action<br>tion.  |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Inmale Currently on Aisci plinary  f. Shift Supervisor:  | ring by a hearing officer on the offenses charged, thi<br>able I accept the offer of informal disposition sance<br>Date:  Segregialion   | s report and informal action tion. Time:   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Inracte Currently on lisciplinary  f. Shift Supervisor: Print Name and Title   | ring by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Segregalion  Signature   | s report and informal action tion. Time:   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Inracte Currently on lisciplinary.  f. Shift Supervisor: Print Name and Title  2. Administrative Segregation Assignment Review: The recommendations of the supervisor of the supervisor.   | ring by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Seg regardion  Signature  Endation has been reviewed and I Approve or  | Time:  Date  Disapprove.   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Inracte Currently on lisciplinary  f. Shift Supervisor: Print Name and Title   | ring by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Segregation  Signature  endation has been reviewed and I Approve or  | s report and informal action tion. Time:   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Introde Currently on hisciplinary.  f. Shift Supervisor: Print Name and Title  2. Administrative Segregation Assignment Review: The recommendation of the Shift Commander: Print Name and Title  3. Formal Hearing Service: A. Preparation: You are entitled to 24 hours for hearing officer to answer to the offenses charged in this notice. B. Representate general population of this facility if you indicate their name below. A failure to representation. C. Witnesses: You may request for your hearing any witness reporting staff if you indicate them by name below. A failure to list by name below. Representative: Witness:   | Date:  Segregation  Signature  Endation has been reviewed and I  Signature  From the date and time of receipt of this notice before the signature and its position. You may request representation by staff or a colist a name below shall be deemed at your hearing who is relevant, material, & non-cumulative that melow shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing as a waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same below shall be deemed at your hearing waiver of the same bel | Time:  Disapprove.  Poste  Disapprove.  A qualified inmate from the as a waiver of your right to call witnesses.   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Introde Currently on hisciplinary.  f. Shift Supervisor: Print Name and Title  2. Administrative Segregation Assignment Review: The recommendation of the Shift Commander: Print Name and Title  3. Formal Hearing Service: A. Preparation: You are entitled to 24 hours for hearing officer to answer to the offenses charged in this notice. B. Representation general population of this facility if you indicate their name below. A failure to representation. C. Witnesses: You may request for your hearing any witness reporting staff if you indicate them by name below. A failure to list by name below.  | Date:  Segregation  Signature  Endation has been reviewed and I  Signature  From the date and time of receipt of this notice before the name below shall be deemed at your hearing who is relevant, material, & non-cumulative that melow shall be deemed at your hearing as a waiver of the warden within 15 calendar days of receipt for the   | Time:  Disapprove.  To you may appear before a a qualified inmate from the as a waiver of your right to any include staff and/or the your right to call witnesses.   |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Introde Currently on hisciplinary.  f. Shift Supervisor: Print Name and Title  2. Administrative Segregation Assignment Review: The recommendating Shift Commander: Print Name and Title  3. Formal Hearing Service: A. Preparation: You are entitled to 24 hours for hearing officer to answer to the offenses charged in this notice. B. Representation general population of this facility if you indicate their name below. A failure to representation. C. Witnesses: You may request for your hearing any witness reporting staff if you indicate them by name below. A failure to list by name below: A failure to list by name below: Witness:  4. Appeal: You may appeal a guilty decision and/or sanction in writing to the  | Ting by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Signature  Endation has been reviewed and I  Signature  From the date and time of receipt of this notice before the strong and the strong who is relevant, material, & non-cumulative that melow shall be deemed at your hearing who is relevant, material, & non-cumulative that melow shall be deemed at your hearing as a waiver of several warden within 15 calendar days of receipt for the notice copy. Refusal to sign is deemed waiver of service.   | Time:  Date Disapprove.  Pre you may appear before a a qualified inmate from the as a waiver of your right to nay include staff and/or the your right to call witnesses.  hearing officer's decision.  |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Introcke Corrently on hiscopinary  f. Shift Supervisor:  Print Name and Title  2. Administrative Segregation Assignment Review: The recommendation of the Shift Commander:  Print Name and Title  3. Formal Hearing Service: A. Preparation: You are entitled to 24 hours of hearing officer to answer to the offenses charged in this notice. B. Representation general population of this facility if you indicate their name below. A failure to representation. C. Witnesses: You may request for your hearing any witness reporting staff if you indicate them by name below. A failure to list by name below. A papeal: You may appeal a guilty decision and/or sanction in writing to the Service of Notice: Signature below is only acknowledgment for receipt of Waiver of 24 Hour Notice: I waive 24 hour notice and request the Inmate's Signature:  Inmate's Signature:  Comments: I waive 24 hour notice and request the Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given but immate refused to sign for Inmate ID verified Copy given Inmate ID verified Copy given Inmate ID verified Copy given Inmate ID verifi | Tring by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Signature  Endation has been reviewed and I Approve or Signature  Trom the date and time of receipt of this notice before the sanction. You may request representation by staff or a collist a name below shall be deemed at your hearing who is relevant, material, & non-cumulative that melow shall be deemed at your hearing as a waiver of the notice copy. Refusal to sign is deemed waiver of service appear before a hearing officer as soon as proceed to the notice copy. Refusal to sign is deemed waiver of service appear before a hearing officer as soon as proceed to the notice copy. Refusal to sign is deemed waiver of service appear before a hearing officer as soon as proceed to the notice copy. Refusal to sign is deemed waiver of service appear before a hearing officer as soon as proceed to the notice copy.  | Time:  Time:  Disapprove.  Jisapprove.  Jisa |
| d. Informal Service: I understand by my signature below that: I waive a hea will be placed on my OBSCIS & in my facility file records, and where applic inmate Signature:  e. Comments: Introduce Convently on hisciplinary.  f. Shift Supervisor: Print Name and Title  2. Administrative Segregation Assignment Review: The recommod Shift Commander: Print Name and Title  3. Formal Hearing Service: A. Preparation: You are entitled to 24 hours for hearing officer to answer to the offenses charged in this notice. B. Representation general population of this facility if you indicate their name below. A failure to representation. C. Witnesses: You may request for your hearing any witness reporting staff if you indicate them by name below. A failure to list by name below. A failure to list by name below. A preparative: Witnesse:  4. Appeal: You may appeal a guilty decision and/or sanction in writing to the Service of Notice: Signature below is only acknowledgment for receipt of Waiver of 24 Hour Notice: I waive 24 hour notice and request the same and the service of Notice: Signature waive 24 hour notice and request the same and the same and the service of Notice: I waive 24 hour notice and request the same and the same an | Tring by a hearing officer on the offenses charged, this able I accept the offer of informal disposition sanction.  Date:  Seg regardion  Signature  Endation has been reviewed and I Approve or Signature  Trom the date and time of receipt of this notice before the standard and the determinion. You may request representation by staff or a collist a name below shall be deemed at your hearing who is relevant, material, & non-cumulative that melow shall be deemed at your hearing as a waiver of the notice copy. Refusal to sign is deemed waiver of service appear before a hearing officer as soon as proceed to the service of the large transfer of the service of the large transfer of | Time:  Time:  Disapprove.  Jisapprove.  Jisa |







|           | UOF / SIR #                                     | T                    |      |                |                             |       |       |       |                 |   |              |  |       |        |              |
|-----------|---|----------------------|------|----------------|-----------------------------|-------|-------|-------|-----------------|---|--------------|--|-------|--------|--------------|
| SIGNATURE | have received on the<br>with incident date of   | hours wooding on the |      |                |                             |       |       |       |                 |   |              |  |       |        |              |
|           | aay orfrom DOC Headqu                           | down                 | <br> | Descrip        | Date:<br>Time:<br>Photo by: | Cell: | DOC#: | Name: |                 | Involved<br>#347025   | Description: | Date:<br>Time:<br>Photo by:              | Cell: | DOC#:  | Name:        |
| DATE      | from DOC Headquarters Security Operations Unit. |                      |      | <u>iption:</u> | <u>i.</u>                   |       |       |       | SIR # 08-115 2n | Involved in altercation with cell partner James Logan #347025. Inmate Logan admitted WMHS-Mem | tion:        | 12/1/2008<br>1740 hrs<br>P. Merling, COS | 4A43B | 341358 | Terry, Roger |

## Maryland Division of Correction INMATE HEARING RECORD

| Name: Terry, Roger DOC# 341358 Violation Date: 12/1/08   |            |
|--|------------|
| Hearing Officer of Record: Davis<br>Heard With: N/A  |            |
| I: PRELIMINARY MATTERS:  | •          |
| Defendant inmate appearance: Date: 12/8/2008 Time: 9:40 AM   |            |
| The hearing officer of record shall document the following for the record:   |            |
| 1. List any request for inmate representation: $oximes$ Representation waived by inmate.   |            |
| Yes: Name: waivered  |            |
| NOTE: If request is denied for procedural cause, state below why:  |            |
| 2: List any request by name for a witness: 🛛 Witness(es) waived by inmate.   |            |
| a: Yes: Name: waivered   |            |
| b: List requested witness(es) and state defendant's proffer as to testimony for the witness(es):   |            |
| c: If inmate witness(es) request is denied for procedural cause, state below why:  | ·          |
| 3: State any motions, evidence requests, etc. and hearing officer's decision as to such: none presented—Def wished to plead guilty to rule[s] as indicated |            |
| 4: State any request for postponement and hearing officer's decision as to such:   |            |
|  |            |
|  |            |
|  | Deleted: 5 |
| DC form 105-7b (Rev. Feb. 07)  |            |
|  |            |

Name: Terry, Roger DOC# 341358 Violation Date: 12/1/08

#### II. EVIDENTIARY MATTERS:

- a. Hearing Date: 12/8/2008
- b. Name of Facility Representative: Slate
- c. Defendant inmate Plea:

| Rule | Not Guilty | No Plea | Guilty |
|------|------------|---------|--------|
| 102  |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |

d. Argument by Parties and Testimony of Witnesses:

DC form 105-7b (Rev. Feb. 07)

Page 2 of <u>5</u>,

Deleted: 5

000036

## Maryland Division of Correction INMATE HEARING RECORD

Name: Terry, Roger #341358 Date of Violation: 12/1/08

Hearing Officer of Record: Davis

Heard With: N/A

#### III: HEARING OFFICER DECISION:

| Rule | Guilty | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|------|--------|------------|----|-----------|-------------------------------|
| 102  |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            | Ħ  |           |                               |
|      |        |            | Ħ  |           |                               |
|      |        |            | Ħ  |           |                               |

#### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: One pg Notice, three digital photos are all made part of the Record
- B. Based on evidence above, state fact findings:

  HO finds Def. is knowingly pleading guilty to the rule[s] indicated.
- C. Based on fact finding above, state your decision:

HO accepts negotiated plea agreement. Def understands the ramifications of his guity plea and agrees to waiver his hearing/rights. Def put forward no issues. END AD>

| •                             | Deleted: 5           |
|-------------------------------|----------------------|
| DC form 105-7b (Rev. Feb. 07) | Page 3 of <u>5</u> , |

Name: Terry, Roger DOC# 341358 Violation Date: 12/1/08

### V. SANCTIONS:

Matrix Adjustment History: Poor Effective Date: 12-1-08

| Rule | — Category | Seg. Days | -CR Days | cc/cs | Revoke                                |
|------|------------|-----------|----------|-------|---------------------------------------|
|      |            |           |          |       | GCC                                   |
| 102  | 1          | 150       |          |       | 0-                                    |
|      |            |           |          |       |                                       |
|      |            |           |          |       |                                       |
|      |            |           |          |       | · · · · · · · · · · · · · · · · · · · |
|      |            |           |          |       |                                       |
|      |            |           |          |       |                                       |
|      |            |           |          |       |                                       |
|      |            |           |          |       |                                       |
|      |            |           |          |       |                                       |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| Credits             |       |  |  |
|---------------------|-------|--|--|
| Override- State Rea | sons: |  |  |
| Other Sanctions:    |       |  |  |

DC form 105-7b (Rev. Feb. 07)

|                    | Deleted: 5 |  |
|--------------------|------------|--|
| Page 4 of <u>5</u> |            |  |

| ١ | /1  | RECEIPT   | ΩF  | HEA | RING   | REC  | ORD: |
|---|-----|-----------|-----|-----|--------|------|------|
| ١ | 11. | . KECEIPI | UF. | пси | DVIIDA | KEU. | URD. |

Date of Hearing: 12/8/2008

Date of Violation: 12/1/08

Teleconferenced Hearing: N/A

Name and Title of Serving Staff:

DATE

By signing I hereby acknowledge receipt of the hearing officer's decision:

T Roger #

DATE

Distribution: Institution

Inmate

Report Staff

DC form 105-7b (Rev. Feb. 07)

Deleted:

Page 5 of <u>5</u>,



Appendix 1 to DCD 105-9

## MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

|      |  |   |   |  |  | infractio   | n 12/1/08                         |
|------|--|---|---|--|--|---|-----------------------------------|
| Inma | ate Name_  | Roger Terry   | 4A43)   | DOC#_  | 341358Date of  | Decision:   | eard 12/8/0                       |
| Rule | Violation:   | Guilty rule   | 102   |  |  |   |                                   |
| ı.   | Review:  | have reviewed the   | decision in you   | ır case and t  | ake the following a  | action:   |                                   |
|      | ☐ Sanction☐ Decision☐ The de☐ By my                          | and sanction(s) aff<br>n(s) imposed is mod<br>referred to Commis<br>cision is remand<br>order for clarification<br>der of the:   Commi            | ified (see Sect<br>ssioner for revi<br>ded for new<br>on of the record            | ew.<br><b>hearing d</b><br>d (see Sectio               | n III).  |   | nd V).                            |
| II.  | Reviewing  | Authority Signatu   | re:<br>Un   | W  | aden   | 12  | 131/08                            |
|      | 1:100  | Print Name & Title  |   | Śignatu  | re   |   | Date                              |
| 111. | Comments   | 5:  |   |  |  |   |                                   |
| IV.  |  | eceipt Record: A fa   |   |  |  |   |                                   |
|      | Inmate Signification   | gnature: YR   | ce and inmate   | refused to   | sign for service re  | Date:<br>ceipt.   | $\Box A.M.$                       |
|      | Served By  | : Coultry   |   | Title  |  | Time/ <u>/</u> /  | 77 №P.M.                          |
| V.   | for your scho<br>or as a witne<br>representat<br>witnesses a | Hearing: Prior to appeduled hearing. You are ass (including reporting ion or witnesses below to the time of your hearing of the hearing officer's | permitted to requi<br>staff) for the purp<br>at the time of se<br>a. You may appe | est a qualified (<br>poses of your h<br>rvice shall be | per directive procedur<br>earing <u>if you list them</u><br>deemed a waiver of v | es) starr or inmate<br>by name below. Fr<br>our right for repre | ailure to request<br>sentation or |
|      | Represent  | ative:  |   | <u></u>  |  |   |                                   |
|      | Witness: _   |   |   | ·  |  |   |                                   |
| Dis  | tribution:   | White - Base File   | Yello   | ow - Inmate  |  | _   |                                   |
| DC   | Form 105-9a  | R (Rev. Feb. 07)  |   |  |  |   |                                   |



### **Department of Public Safety and Correctional Services**

### Division of Correction

**Western Correctional Institution** 

13800 McMULLEN HIGHWAY, SW • CUMBERLAND, MARYLAND 21502 (301) 729-7000 • FAX (301) 729-7024 • TTY USERS 1-800-735-2258 • www.dpscs.state.md.us

STATE OF MARYLAND

MARTIN O'MALLEY

ANTHONY G. BROWN LT. GOVERNOR

GARY D. MAYNARD SECRETARY

G. LAWRENCE FRANKLIN DEPUTY SECRETARY

DIVISION OF CORRECTION

J. MICHAEL STOUFFER COMMISSIONER

> WESTERN CORRECTIONAL INSTITUTION

BOBBY SHEARIN WARDEN

HARRY B. MURPHY,Ph.D. ASSISTANT WARDEN

FRANK B. BISHOP, JR. CHIEF OF SECURITY

**ADMINISTRATIVE ACTION** 

TO: Terry Roger #341358 HU4A43B

Date:1/15/09

The recommendations of the Reduction in Violence Committee on the Adjustment Infraction of 12/01/08 have been evaluated. It has been determined to impose the following Administrative Action:

**Hearing Date:** 

12/08/08

Original Sentence:

Guilty rule 102 - Cat I - 150 days seg;

Administrative:

Action:

The RIV Committee is imposing an administrative action. Your conduct posed a serious threat to the security and orderly running of WCI. Administratively you will be restricted to your assigned room for 60 days consecutive to ensure that you are in compliance with WCI rules and regulations. Your Unit Manager will discuss with you the specifics of this restriction and any exceptions therein.

Bobby Shearin Warden

BPS/rme

cc: File w/Adjustment Infraction

Gate House Reception (for visiting sanctions only)

Segregation Unit Officer Case Management (2)

Commitment

Traffic Office

RIV Committee- AW (for additional sanctions only)

Lt. Creek, HU#5 (for seg reductions only)

JANUARY 22, 2009 RULES 104, 400, 405



| Appendix 1 to DCD 105- |
|------------------------|
| (LICISA)               |
| (401-)                 |

|  |   |  | ,  | . ^  |
|--|---|--|--|--|
| Inmate Name:   | OGER TERRY  | _ doc#: <u>341-35</u> 8  | Facility WC/   | Housing: <u>3 /-) - 45</u>   |
| Violation: Date: <u>(-22-C</u>   | 77Time: <u>/2:45</u> AM(PM) Recomm  | nended charge: <u>104、4</u> 亿  | 00   |  |
| Reported facts: I is commissionally shoppers. In of his status after ADVIS DNLY THE LE POWDER INMILE. BECKER INMATE TER  | OPTIME: 12:45 AMEM RECOMM  NOTHER ROGER TO  NOTE TORRY ALSO  S AND PRESENTED A  ING INMATE TERRY THE  GAL AND HYGIENE TORRY  DATE TORRY BECAME  | RRY #341-358 TO GROUP OF PPPEARED EARLY REGULTE SHOPPIN AT HE WAS ON CORDIN HIS ORIGINAL (MMEDIATELY ARY ) BRING THE SITE (OUDER, ROFUSEL ) WOULD NEVER  | HU #3A-45 CAI CELL RESTRICTION ER CLAIMED HE NG FORM THAT IN ELL RESTRICTION OL LIST, TWO PER CHEMICATION TO A HEAD OF DIRECT CRUE TREAT ME THIS   | ME TO THE N LOD OF DAY WAS UNAWARE CLUDED FOOD ITCMS, HE WAS OFFERED OS AND ONE SOAP SUMMONED LITHY RESOLUTION, LE TO LCAVE WAY ON THE   |
| 312011   |   |  |  | the state of the s |
| :  |   |  |  |  |
| l solemnly affirm ur   | nder the penalties of perjury a   | and upon personal knov   | vledge that the facts se   | et forth in the above report are   |
| true.  |   |  |  |  |
| Reporting Staff:   | DAVID L. GRAP  Print Name and Title   | ES, C50 II   | D. Coca poo, cs.   | OT 1/22/09 Date  |
|  |   | t the standard   | estion takon   |  |
|  | view: The above report has been   |  |  | hand Singarities III Incident Beneat   |
| a. Action Taken:   | Formal Hearing Madministrative  | re Segregation Assignment  | : Use of Force Contral   | band Disposition □ Incident Report   |
| b. Rule Violation Cha  | rged: 104, 400 40E  |  |  |  |
| c. 🛘 Informal Disp   | osition: Rule Violation:  | Sanction:  |  | Effective Date:  |
| J Informal Camir   |   | A C T C C C C C C C C C C C C C C C C C  | bearing officer on the offencer  | charged this report and informal action  |
| will be placed on m  | e: I understand by my signature belo<br>y OBSCIS & in my facility file recor  | w that: I <u>waive a hearing</u> by a<br>ds, and where applicable I acc  | hearing officer on the offenses<br>cept the offer of informal disp   | charged, this report and informal action osition sanction.   |
| will be placed on m  | ny OBSCIS & in my facility file recor   | ds, and where applicable I acc   | eept the offer of informal dispose   | osition sanction.  |
| will be placed on m  | ny OBSCIS & in my facility file recor   | ds, and where applicable I acc   | eept the offer of informal dispose   | osition sanction.  |
| will be placed on m  | ny OBSCIS & in my facility file recor-  | ds, and where applicable I acc   | eept the offer of informal dispose   | osition sanction.  |
| will be placed on m<br>Inmate Signature:<br>e. <b>Comments</b> :   | Seed TO FORM  | ds, and where applicable I aco   | eept the offer of informal disposers   | osition sanction.  |
| will be placed on m<br>Inmate Signature:<br>e. <b>Comments</b> :   | Jeels to Forms  Print Name and Title  | ds, and where applicable I acc   | eept the offer of informal disp  | Time:  |
| will be placed on m<br>Inmate Signature:<br>e. <b>Comments</b> :   | LIRID TO FORM.  (MYSUL)   | ds, and where applicable I acc   | eept the offer of informal disp  | Time:  |
| will be placed on m Inmate Signature: e. Comments: f. Shift Supervisor  Administrative   | Print Name and Title  Segrégation Assignment Re   | ds, and where applicable I account of the control o | Date:  Signature  has been/reviewed and I  | Time:  Time:  Date  Approve or Disapprove.   |
| will be placed on m Inmate Signature: e. Comments: f. Shift Supervisor  2. Administrative Shift Commander:   | Print Name and Title  Print Name and Title  Print Name and Title  | ds, and where applicable I accept the second of the second | Date:  Date:  Signature  has been reviewed and I  Signature  | Time:  Time:  Date  Approve or Disapprove.  Date   |
| will be placed on m Inmate Signature: e. Comments: f. Shift Supervisor 2. Administrative Shift Commander: 3. Formal Hearing hearing officer to a general population  | Print Name and Title  Segregation Assignment Re  Print Name and Title  Print Name and Title  Print Name and Title  Segregation Assignment Re  Print Name and Title  g Service: A. Preparation: You are answer to the loftenses charged in this to of this facility if you indicate their in a With general You may request for your   | wiew: The recommendation entitled to 24 hours from the notice. B. Representation: You hearing any witness who is re-   | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this pure may request representation are below shall be deemed at y elevant, material, & non-cumulation and the state of the | Time:  Time:  Date  Approve or Disapprove.   |
| e. Comments:  f. Shift Supervisor  Administrative Shift Commander:  3. Formal Hearing hearing officer to a general population representation. C. reporting staff if ye   | Print Name and Title  Sequence: A. Preparation: You are answer to the offenses charged in this to of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fai   | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y me below. A failure to list a ni hearing any witness who is relure to list by name below shall witness.   | Date:  Signature  has been reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as  | Time:  Date  Approve or Disapprove.  Date  Solution in the provided in the pro |
| f. Shift Supervisor  Administrative Shift Commander:  3. Formal Hearing hearing officer to a general population representation. C. reporting staff if you have a supervisor to the staff of | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  General Service: A. Preparation: You are answer to the offenses charged in this a of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A failure anneal a guilty decision and/or san   | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: You hearing any witness who is relure to list by name below shall witness:  ction in writing to the warder  | Date:  Date:  Signature  has been reviewed and I  Signature  date and time of receipt of this ou may request representation arms below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within 15 calendar days of receipt of the second shall be deemed at your hearing as a within the second shall be deemed at your hearing shall be deemed at your hearing shall be deemed at your hea | Time:  Time:  Date  Approve or Disapprove.  Date  Sometime before you may appear before a qualified inmate from the your hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  |
| f. Shift Supervisor  Administrative Shift Commander:  Shift Commander:  Shift Commander:  Representation. C. reporting staff if you Representative: Appeal: You masservice of Note   | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  Generation: You are answer to the offenses charged in this of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fail ay appeal a guilty decision and/or san ice: Signature below is only acknowle  | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we with the composition of the composition o | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the your hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  Seceipt for the hearing officer's decision.  Taiver of service obligation by the facility.   |
| f. Shift Supervisor  Administrative Shift Commander:  Shift Commander:  Shift Commander:  Representation. C. reporting staff if you Representative: Appeal: You masservice of Note   | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  Generation: You are answer to the offenses charged in this of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fail ay appeal a guilty decision and/or san ice: Signature below is only acknowle  | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we want to sign is deemed we w | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the your hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  Seceipt for the hearing officer's decision.  Taiver of service obligation by the facility.   |
| f. Shift Supervisor  Administrative Shift Commander:  Shift Commander:  Shift Commander:  Representation. C. reporting staff if you Representative: Appeal: You masservice of Note   | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  Generation: You are answer to the offenses charged in this of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fail ay appeal a guilty decision and/or san ice: Signature below is only acknowle  | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we want to sign is deemed we w | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the rour hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  Excelpt for the hearing officer's decision.  Taiver of service obligation by the facility.   |
| f. Shift Supervisor  Administrative Shift Commander:  Shift Commander:  Temperature of the serious staff if you have serious staff if you have service of Note that the service of Note of o | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  Generation: You are answer to the offenses charged in this of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fail ay appeal a guilty decision and/or san ice: Signature below is only acknowle  | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we want to sign is deemed we w | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the rour hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  Excelpt for the hearing officer's decision.  Taiver of service obligation by the facility.   |
| will be placed on m Inmate Signature: e. Comments: f. Shift Supervisor 2. Administrative Shift Commander: 3. Formal Hearing hearing officer to a general population representation. C. reporting staff if you Representative: 4. Appeal: You ma 5. Service of Not Waiver of 24 H Inmate's Signatu  | Print Name and Title  Segregation Assignment Re  Print Name and Title  Segregation Assignment Re  Print Name and Title  General Segregation Assignment Re  Print Name and Title  General Segregation Assignment Re  A Preparation: You are  answer to the offenses charged in this  to of this facility if you indicate their na  Witnesses: You may request for your  ou indicate them by name below. A fail  ay appeal a guilty decision and/or san  ice: Signature below is only acknowled  itour Notice: I waive 24 hour to  Roy Gun  ure: Copy given but inmate re | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we want to sign is deemed we w | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the your hearing as a waiver of your right to lattive that may include staff and/or the sa waiver of your right to call witnesses.  Exceipt for the hearing officer's decision.  Taiver of service obligation by the facility.  Date: 1-22-05  no rep. or witness at service  |
| will be placed on m Inmate Signature: e. Comments: f. Shift Supervisor 2. Administrative Shift Commander: 3. Formal Hearing hearing officer to a general population representation. C. reporting staff if you Representative: 4. Appeal: You ma 5. Service of Not Waiver of 24 H Inmate's Signatu  | Print Name and Title  Segrégation Assignment Re  Print Name and Title  Segrégation Assignment Re  Print Name and Title  Generation: You are answer to the offenses charged in this of this facility if you indicate their na Witnesses: You may request for your ou indicate them by name below. A fail ay appeal a guilty decision and/or san ice: Signature below is only acknowle  | wiew: The recommendation  entitled to 24 hours from the notice. B. Representation: Y. me below. A failure to list and hearing any witness who is relure to list by same below shall witness:  ction in writing to the warder adgment for receipt of notice co  | Date:  Date:  Signature  has been/reviewed and I  Signature  date and time of receipt of this ou may request representation time below shall be deemed at yelevant, material, & non-cumul be deemed at your hearing as within 15 calendar days of repy. Refusal to sign is deemed we want to sign is deemed we w | Time:  Time:  Date  Approve or Disapprove.  Date  So notice before you may appear before a qualified inmate from the your hearing as a waiver of your right to allative that may include staff and/or the sa waiver of your right to call witnesses.  Seceipt for the hearing officer's decision.  Taiver of service obligation by the facility.   |

Distribution: DC Form 105-4a (Rev. Feb. 07)

# WESTERN CORRECTIONAL INST1. UTION CUMBERLAND, MARYLAND

### INFORMATION REPORT FORM

| DATE: 1-22-69<br>APPROXIMATE TIME: 12:40 P.M   |
|--|
| DISTRIBUTION: SHIFT COMMANDER  |
| INCIDENT REFERENCE HEADING: Threatened an officer INMATE'S NAME, NUMBER, HOUSING: Roger Terry, 341-358 Headen an incident description (WHO, WHAT, WHERE, WHEN, HOW)? While working |
| Commissary Enmate Roger Terry 341-358 was shapping   |
| AT window Two where officer Grapes was working,  |
| INMATE Terry was getting loud and excitted because   |
| He Tried To shop regular Commissory when he was ON   |
| Cell Restriction. He asked for a LT. and officer Grapes  |
| Called for LT. Becker after hearing both Sides Lt. Becker  |
| Told Terry he could only shop for Cell Restriction Items   |
| In mate Terry started to leave Commissary and on   |
| His way Dut the Door He said If we were on The   |
| Street you wouldn't be doing thise Twinte Terry  |
| West Back To Hu# 3.  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| REPORTING OFFICER  |
| DISPOSITION OF INCIDENT: HTT ACH CONSULT TO THOUGHTURE   |
|  |
| · · · · · · · · · · · · · · · · · · ·  |
| DISTRIBUTION:  PSYCHOLOGY DEPT. INMATE'S COPY  |
| ASSISTANT WARDEN MEDICAL DEPT. 8-4 SHIFT   |
| UNIT MANAGER REPURING OFFICER 12-8 SHIFT   |
| CASE MANAGER MAINTENANCE OTHER   |
| a Aplania  |
| STIPERVISOR NAME AND TITLE   |

## WESTERN CORRECTIONAL INSTITUTION Cumberland, Maryland

## INFORMATION REPORT FORM

| DATE:                           | 1/22/2009                               |                                   |                      |                                  |
|---------------------------------|---|-----------------------------------|----------------------|----------------------------------|
| APPROXIMATE TIME:               | 12:40                                   |                                   |                      |                                  |
| DISTRIBUTION: SHIFT CO          | OMMANDER                                |                                   |                      |                                  |
| INCIDENT REFERENCE H            | EADING:                                 |                                   | Threatened an offic  | cer                              |
| INMATE'S NAME, NUMBE            |   | Re                                | oger Terry, 341-358  | 8, HU3A45                        |
| Inmate Roger Terry, who is o    |   |                                   |                      |                                  |
| inmate Terry wanted to switch   | h his slips, which is n                 | ot allowed in the commi           | ssary. Officer Grape | s informed inmate Terry          |
| numerous times that he would    | d not be switching sli                  | ps.                               |                      |                                  |
|                                 | ς                                       |                                   |                      |                                  |
| After a few minutes, I told in  | mate Terry that he wo                   | ould use his first list. Up       | on walking away, I h | eard inmate Terry say to Officer |
| Grapes, "If we were on the st   |   |                                   |                      |                                  |
| Officer Everett, if I had heard |   |                                   | •                    |                                  |
|                                 |   |                                   |                      |                                  |
|                                 |   |                                   |                      |                                  |
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|                                 | •                                       |                                   |                      | Lt. B. Becker, CSOS              |
|                                 |   |                                   |                      | REPORTING OFFICER                |
|                                 | 1                                       | Copy TO M                         | 10110 15 10000       | _ Gn 2 /20                       |
| DISPOSITION OF INCIDE           | NT: #177ACH                             | Copy TO A                         | BUSUSINE BUI         | /                                |
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| DISTRIBUTION:                   |   |                                   |                      |                                  |
| ASSISTANT WARDEN                |   | PSYCHOLOGY DEPT.                  |                      | INMATES COPY                     |
| SECURITY CHIEF                  |   | MEDICAL DEPT.                     |                      | 8-4 SHIFT<br>4-12 SHIFT          |
| UNIT MANAGER<br>CASE MANAGER    |   | REPORTING OFFICER HEARING OFFICER | -V                   | 12-8 SHIFT                       |
| OT MODE THE EAST CODIC          |   | MAINTENANCE                       |                      | OTHER                            |
|                                 |   |                                   |                      | . /                              |
|                                 |   |                                   | ,                    | 7/01                             |

## Maryland Division of Correction INMATE HEARING RECORD

Name: Terry Rogers DOC# 341358 Violation Date: 1/22/2009 Hearing Officer of Record: Frederick J. Nastri Heard With: I: PRELIMINARY MATTERS: Defendant inmate appearance: Date: 2/2/2009 Time: 9:45 AM The hearing officer of record shall document the following for the record: 1. List any request for inmate representation: 🛛 Right to representation waived by inmate. Yes: Name: NOTE: If request is denied for procedural cause, state below why: 2: List any request by name for a witness: 
Right to witness(es) waived by inmate. a: Yes: Name: b: List requested witness(es) and state defendant's proffer as to witness(es): testimony for the c: If inmate witness(es) request is denied for procedural cause, state below why: 3: State any motions, evidence requests, etc. and hearing officer's decision as to such: Plea agreement reached in preliminary. 4: State any request for postponement and hearing officer's decision as to such:

- II. EVIDENTIARY MATTERS:
  - a. Hearing Date: 2/2/2009
  - b. Name of Facility Representative: Slate
  - c. Defendant Inmate Plea:

| Rule    | Not Guilty | No Plea | Guilty |
|---------|------------|---------|--------|
| 400,405 |            |         |        |
|         |            |         |        |
|         |            |         |        |
|         |            |         |        |
|         |            |         |        |

d. Argument by Parties and Testimony of Witnesses: Plea of guilt accepted to the cited rules.

## Maryland Division of Correction INMATE HEARING RECORD

Name: Terry Rogers #341358 Date of Violation: 1/22/2009

Hearing Officer of Record: Frederick J. Nastri

Heard With:

#### **III: HEARING OFFICER DECISION:**

| Rule    | Guilty | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|---------|--------|------------|----|-----------|-------------------------------|
| 400,405 |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |
|         |        |            |    |           |                               |

### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: Violation report and plea of guilt to cited rules.
- B. Based on evidence above, state fact findings:

I accept plea was entered freely and voluntarily and the evidence validated the rule(s) plead to.

C. Based on fact finding above, state your conclusions:

Plea validated by evidence.

### V. SANCTIONS:

Matrix Adjustment History: Poor Effective Date: 1-22-09

| Rule | Category   | Seg. Days | CR Days   | CC/CS   | Revoke<br>GCC |
|------|--|-----------|---|---|---------------|
| 400  | Numer agreement that of the state of the sta | 60        | Exercise Control Server Server Control Control Server (Server | Propose and State of the Control of | 20            |
| 405  |  | 60        |   | CC .  |               |
|      |  |           |   |   |               |
|      |  |           |   |   |               |
|      |  |           |   |   |               |
|      | - 1  |           |   |   |               |
|      |  |           |   |   |               |
|      |  | ·         |   |   |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| Override- State Reasons: | · . |  |  |
|--------------------------|-----|--|--|
| Other Sanctions:         |     |  |  |

| VI   | RECEIPT | OF | HFA  | RING     | <b>RFCO</b> | RD:  |
|------|---------|----|------|----------|-------------|------|
| V 1. | REGELL  | O. | 111- | $\alpha$ | 11 - 00     | 110. |

Date of Hearing: 2/2/2009

Date of Violation: 1/22/2009

Teleconferenced Hearing: N/A

Name and Title of Serving Staff:

DATE

By signing I hereby acknowledge receipt of the hearing officer's decision:

Terry Rogers #341358

DATE

Distribution: Institution

Inmate

Report Staff

WCI

4

Appendix 1 to DCD 105-9

44/5

## MARYLAND DIVISION OF CORRECTION

## **Hearing Decision Review**

|      |  | •  |  |  | infrac  | ction 1/22/09                                 | )                |
|------|--|--|--|--|---|---|------------------|
| Inma | ate Name   | Roger Terry  | 4C15   | _DOC# <u>341</u>   | 358 Date of Deci  | sion: <u>heard</u> 2                          | <u>2/2</u> /0    |
| Rule | Violation: _   | Guilty rules   | 400 & 405  |  |   |   |                  |
| l.   | Review:  | have reviewed the de   | ecision in your  | case and take t  | he following action   | ղ:  |                  |
|      | ☐ Sanction(☐ Decision☐ The dec   | and sanction(s) affirm (s) imposed is modificated to Commissible (sisted in the commission of the commission of the:   Commission of the c | ed (see Section<br>ioner for reviev<br>ed for new h<br>of the record (               | <i>I.</i><br><b>earing due t</b><br>see Section III)   |   |   |                  |
| 11.  | Reviewing  | Authority Signature  | :<br>Win   | War  | 'Alu  | 2/24/   | 09               |
|      | / /  | Print Name & Title   |  | Signature  |   | Date  |                  |
| 111. | Comments   |  |  |  |   |   |                  |
| IV.  |  | eceipt Record: A failu   |  |  |   |   |                  |
|      | Inmate Sig ☐ Inmate II Served By:  | nature: Pas/a<br>D verified at service   |  |  | for service receip  | L   | A.W.             |
| V.   | for your sche<br>or as a witne<br>representati<br>witnesses at<br>date for recei | learing: Prior to appeaduled hearing. You are poss (including reporting son or witnesses below a the time of your hearing pt of the hearing officer's cative:  | ermitted to reques taff) for the purpout the time of servent to may appeal decision. | t a quainted (per d<br>ses of your hearin<br>i <u>ce shall be deem</u><br>any guilty finding | g <u>if you list them by named a waiver of your rand/or sanction to the</u> | ame below. Failure to ight for representation | request<br>on or |
|      | Witness: _   |  |  |  |   | <u></u>                                       |                  |
| Dis  | stribution:  | White - Base File  | Yellov   | v - Inmate   |   |   |                  |
| DC   | Form 105-9aF   | R (Rev. Feb. 07)   |  |  |   |   |                  |

AUGUST 15, 2009 RULES 301, 305, 405



## MARYLAND DIVISION OF CORRECTION NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

Appendix 1 to DCD 105-4

| ^  | _  | - 11   |  |   |
|--|--|--|--|---|
| Inmate Name: $\mathcal{K}_{\mathcal{O}}^{\mathcal{O}}$   | IER, TECH  | DOC#: 341-35   | 8 Facility_WCI   | Housing: 5A48B  |
| Violation: Date 8.15.09  | Time: 01:40 AM/PM. Recom   | mended charge: 30  | 305, 405   |   |
| Violation. Bates 1   |  |  |  |   |
| Reported facts: <u>の</u> り   | August 15th 200  | 9 AT Approxi   | MATEN 0140 A   | m I of J. Worsel Co   |
|  | WMATES RETUR   | . A **   | Alusis Passes ,  | T Noticed lung TE   |
|  | 341-358 HUSA48   |  | the UNIT Very  | Slowing. I told   |
| Roper, Terry #   |  | ands on the  | Well AND bega  | 1   |
| INHATE ROGER   | 1 0  |  | nd oce R Kin   | 1   |
| had AN INTENS  |  | 1 5 8 100  | a Cell Sparc   |   |
| WMATE ROCK   | 70 1   | nd Conducted   |  | ing Cills Calif   |
| of The Cell  |  | AFT Size driv  |  | LOOPE FILED COLFA   |
| formented For  | wit juices. They   |  | behind his d   | ncker , while there   |
| was Motified   | he was Resculing   | V  |  | in Violation of   |
| Role 301   | Which Clearly Stat   |  | 2 1  | or use of Alcohol.  |
| INMATE RO  | co- was positive   | 14 Identified  | by his State   | e ISSUED ID land  |
| and was re   | Turned to him.   | (flat  |  |   |
| :  |  | /  |  |   |
| l solemnly affirm und  | er the penalties of perjury  | and upon personal kno  | owledge that the facts   | set forth in the above report are   |
|  | •  |  |  |   |
| true.  |  |  |  |   |
|  | 1 land Pat   |  | 10/1   | 8-15-09   |
| Reporting Staff:   | Print Name and Title   |  | Signature  | Date  |
|  | Print Name and Title   |  |  |   |
| 4 Companie on Povi   | ew: The above report has be  | on reviewed with the follow  | ving action taken:   |   |
|  |  |  |  |   |
| a. Action Taken: 🗹   |  |  |  | raband Disposition □ Incident Report  |
|  | 701 00   |  |  |   |
| b. Rule Violation Charg  | ed:  | 2, 305, 4  | <u> </u>   |   |
| c □ Informal Disno   | sition: Rule Violation:  | Sanction:  |  | Effective Date:   |
| c.   Informal Dispos   | sition: Rule Violation:  | Sanction: Sanction:  | a hearing officer on the offens  | es charged, this report and informal action   |
| c.   Informal Dispos<br>d. Informal Service<br>will be placed on my  | sition: Rule Violation:  | Sanction: Sanction:  | a hearing officer on the offens<br>accept the offer of informal di   | es charged, this report and informal action<br>sposition sanction.  |
| c.   Informal Dispos   | sition: Rule Violation:  | Sanction:  | a hearing officer on the offens<br>accept the offer of informal di   | es charged, this report and informal action   |
| c.   Informal Dispos<br>d. Informal Service<br>will be placed on my  | sition: Rule Violation:  | Sanction: Sanction:  | a hearing officer on the offens<br>accept the offer of informal di   | es charged, this report and informal action sposition sanction.  Time:  |
| c.   Informal Dispose d. Informal Service will be placed on my Inmate Signature:   | sition: Rule Violation:  | Sanction:  | a hearing officer on the offens<br>accept the offer of informal di   | es charged, this report and informal action<br>sposition sanction.  |
| c.   Informal Dispose d.   Informal Service will be placed on my   Inmate Signature: e.   Comments:  | Sition: Rule Violation:  I understand by my signature be OBSCIS & in my facility file reco   | Sanction: Now that: I waive a hearing by rds, and where applicable I a  ASPA, wait  **Tumake wa  | a hearing officer on the offens<br>accept the offer of informal di   | es charged, this report and informal action sposition sanction.  Time:  |
| c.   Informal Disposed   | Sewsor Note  | Sanction: low that: I waive a hearing by rds, and where applicable I a  ASPA, wait  ** Transk wa   | a hearing officer on the offens accept the offer of informal di  | Time:  St result of by himself  Date  |
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| c.   Informal Disposed   | Sition: Rule Violation:  I understand by my signature be OBSCIS & in my facility file reconstruction.  Place ON A SON ON A Print Name and Title Gegregation Assignment R   | Sanction: low that: I waive a hearing by rds, and where applicable I a  ASPA, wait  ** Transk wa   | a hearing officer on the offens accept the offer of informal di  | es charged, this report and informal action sposition sanction.  Time:  Stresults of cluby himself  Cluby himself   |
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| c.   Informal Disposed   | sition: Rule Violation:  I understand by my signature be OBSCIS & in my facility file reconstruction of the Control of the Con | Sanction: low that: I waive a hearing by rds, and where applicable I a  SPA wait  ** Twompte wa  eview: The recommendation   | a hearing officer on the offens accept the offer of informal di  Date:  Nouseel in  Signature  on has been reviewed and I  Signature   | Time:  Stresults  When self  Date  Date  Date  Date   |
| c.   Informal Dispos d.   Informal Service will be placed on my   Inmate Signature: e.   Comments:   f.   Shift Supervisor: _   Shift Commander: _   | Sorvice: A Prepayation: Voluments  Service: A Prepayation:   | Sanction: low that: I waive a hearing by rds, and where applicable I a  SPA wait  ** I wast  ** I wast  eview: The recommendation  e entitled to 24 hours from the   | a hearing officer on the offens accept the offer of informal discrept the offer of informal discrept the offer of informal discrept the offer of the offer of the offer of the office of the offer of the offer of the office of t | Time:  Stresulty binself  Laby binself  Date  Approve or Disapprove.  S-15-06  Date  his notice before you may appear before a  |
| c.   Informal Disposed.   Informal Service will be placed on my   Inmate Signature:   e.   Comments:   | Service: A. Preparation: You are   | Sanction:  Now that: I waive a hearing by rds, and where applicable I and should be a solution of the same and the same an | a hearing officer on the offens accept the offer of informal discrept the offer of informal discrept the offer of informal discrept the offer of the offer of the offer of the officer of the officer of the offer of the officer of th | Time:  Stresulty binself  Laby binself  Date  Approve or Disapprove.  S-15-09  Date  his notice before you may appear before a gualified inmate from the  |
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| c.   Informal Disposed.   Informal Service will be placed on my Inmate Signature:   e. Comments:   | Service: A. Preparation: You are the offenses: You may request the row indicate them by name below. A fi   | Sanction: low that: I waive a hearing by rds, and where applicable I a  SPA wat to the trumste wa  eview: The recommendation e entitled to 24 hours from the s notice. B. Representation: ame below. A failure to list a r hearing any avitness who a sallure to list by name below sh   | a hearing officer on the offens accept the offer of informal discrept the offer of the offer of the offer of the offer offe | Time:  State  State  Approve or Disapprove.  S-15-05  Date  his notice before you may appear before a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the   |
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| c.   Informal Dispos d.   Informal Service will be placed on my   Inmate Signature: e.   Comments:   f.   Shift Supervisor: _ 2.   Administrative S   Shift Commander: _   hearing officer to an general population of representation. C. W reporting staff if you   | Service: A. Preparation: You are wer to the offenses charged in this facility if you indicate them by name below. A full winding the facility is not a facility in the facility if you indicate them by name below. A full winding the facility if you indicate them by name below. A full winding the facility if you indicate them by name below. A full winding the facility if you indicate them by name below. A full winding the facility if you indicate them by name below. A full winding the facility if you indicate them by name below.  | Sanction:  Now that: I waive a hearing by rds, and where applicable I and some state of the same below. A failure to list a r hearing any witness who is allure to list by name below should be some some below should be said to said the same below should be said to said the sai | a hearing officer on the offens accept the offer of informal discrept the offer of informal discrept the offer of informal discrept the offer of the control | Time:  Stresulty by busself  Date  Approve or Disapprove.  S-15-05  Date  his notice before you may appear before a goin by staff or a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the gas a waiver of your right to call witnesses.  |
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| c.   | Sition: Rule Violation:  I understand by my signature be OBSCIS & in my facility file reconstruction.  Place ON ASSIGNMENT OF Print Name and Title  Segregation Assignment R  Print Name and Title  Service: A. Preparation: You are swer to the offenses charged in the fithis facility if you indicate their n itnesses: You may request for you indicate them by name below. A fixed the print Name and Title Segregation of the fithis facility if you indicate them by name below. A fixed the print Name and Name of Segregation of the  | Sanction:  Now that: I waive a hearing by rds, and where applicable I and some state of the same state | a hearing officer on the offens accept the offer of informal discount of the offer of informal discount of the offer of the officer of the officer of the offer of the officer of the offi | Time:  State  Solution  Time:  State  Solution  Date  Approve or Disapprove.  Solution  Date  This notice before you may appear before a done by staff or a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the gas a waiver of your right to call witnesses.  Treceipt for the hearing officer's decision. I waiver of service obligation by the facility.   |
| c.   | Service: A. Preparation: You are swer to the offenses charged in this facility if you indicate them by name below. A facility in and or sa any large in any large in the fitting in the facility if you indicate them by name below. A facility of same and a guilty decision and/or sa any same and a guilty decision and a guilty decisi | Sanction:  Now that: I waive a hearing by rds, and where applicable I and some state of the same state | a hearing officer on the offens accept the offer of informal discount of the offer of informal discount of the offer of the officer of the officer of the offer of the officer of the offi | Time:  State  Solution  Time:  State  Solution  Date  Approve or Disapprove.  Solution  Date  This notice before you may appear before a done by staff or a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the gas a waiver of your right to call witnesses.  Treceipt for the hearing officer's decision. I waiver of service obligation by the facility.   |
| c.   Informal Disposed   Informal Service   Information   Informat | Service: A. Preparation: You are wer to the offenses charged in this facility if you indicate them by name below. A facility is guilty decision and/or sa e: Signature below is only acknown ur Notice:   I understand by my signature be observed.  Print Name and Title  Service: A. Preparation: You are swert to the offenses charged in this facility if you indicate their name below. A facility is guilty decision and/or sa e: Signature below is only acknown ur Notice:   I waive 24 hour   | Sanction:  Now that: I waive a hearing by rds, and where applicable I and some state of the same state of the same below. A failure to list a r hearing any witness who is allure to list by name below should be said of the ward ledgment for receipt of notice notice and request to approximation.   | a hearing officer on the offens accept the offer of informal discrept the offer of the offer of | Time:  Time:  Stresself  Bolton  Date  Approve or Disapprove.  S-15-05  Date  his notice before you may appear before a goin by staff or a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the gas a waiver of your right to call witnesses.  Treceipt for the hearing officer's decision. It waiver of service obligation by the facility.  The ras soon as possible.  |
| c.   Informal Disposed   Informal Service   Information   Informat | Service: A. Preparation: You are wer to the offenses charged in this facility if you indicate them by name below. A facility is guilty decision and/or sa e: Signature below is only acknown ur Notice:   I understand by my signature be observed.  Print Name and Title  Service: A. Preparation: You are swert to the offenses charged in this facility if you indicate their name below. A facility is guilty decision and/or sa e: Signature below is only acknown ur Notice:   I waive 24 hour   | Sanction:  Now that: I waive a hearing by rds, and where applicable I and some state of the same state of the same below. A failure to list a r hearing any witness who is allure to list by name below should be said of the ward ledgment for receipt of notice notice and request to approximation.   | a hearing officer on the offens accept the offer of informal discrept the offer of the offer of | Time:  Time:  Stresself  Bolton  Date  Approve or Disapprove.  S-15-05  Date  his notice before you may appear before a goin by staff or a qualified inmate from the at your hearing as a waiver of your right to mulative that may include staff and/or the gas a waiver of your right to call witnesses.  Treceipt for the hearing officer's decision. It waiver of service obligation by the facility.  The ras soon as possible.  |
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Distribution: DC Form 105-4a (Rev. Feb. 07)

White Copy—Base File

Yellow Copy—inmate

Pink Copy—Facility

Appendix 1 to DCD 105-4

|  | NOTICE OF INN<br>Terry, Roger<br>0100   | IATE RULE VIO                                 |   | D DISCIPLIN   | WCI  | ARING  | 5A48B  |
|--|---|---|---|---|--|--|--|
| nmate Nar®≇1 <u>5/09</u>                             | 0100  | DOC#  | 1: <u>405</u>   | Facility  |  | Housing:   |  |
| /iolation: Date:                                     | Time: AM/PN   | M. Recommended ch                             | arge: <del>*70プ</del>   | 1 P 5 55  |  |  | المعادمة مامعما  |
|  | On 08/15/09, I Ofc. N   | /I. McLaughlin CO                             | II, was assigne   | d as relief office  | er pertormii                                   | ng inmate uri  | naiysis detaii.  |
| war 609ac Jarry                                      | 341358, 5A48B, dur  | ing instructions for                          | urinalysis testi  | ng, was observe   | ed to be ve                                    | ry beingerent  | and making   |
| ultiple disrespectfu                                 | Il comments to this re  | porting officer. I no                         | otified Inmate I  | erry he had thre  | e nours to                                     | submit a uni   | ne sample,   |
| sponding " I'll give                                 | you my fucking urine  | sample when I wa                              | ant to." It is also   | noted that init   | iate Terry s                                   | snielled of a p  | discovered   |
| veet odor. Upon si                                   | ubmitting a urine sam   | <u>ple, inmate Terry i</u>                    | returned to his   | nousing unit at   | wnich ume                                      | a cell sealch  | discovered   |
| uspected fermente                                    | d juices.   |   |   |   |  |  |  |
|  |   |   |   |   |  |  |  |
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|  |   |   |   |   |  |  |  |
|  | nder the penalties of   | in a second support                           | morconal know   | wladge that the   | facts set                                      | forth in the a   | above report are   |
| olemnly affirm u                                     | nder the penaities of   | perjury and upon                              | personal kilo   | vicage that the   |  |  |  |
| ue.  | M. McLaughlin CO I  | I   |   |   |  | 08/15/09   | 9  |
|  | M i i ma  | ii<br>of maleine                              | Patt  | 7. Mg   | 7.0.   |  |  |
| eporting Staff: 🖊                                    | MICHAEL MC  | LOUGHLIM                                      | · COLL  | - Cue of  |  | Date   |  |
|  | Print Name a  | nd Title                                      |   | Signature   | !  | Date   |  |
| Informal Servi                                       | oosition: Rule Violatice: I understand by my signy OBSCIS & in my facilit   | nature below that: I w                        | aive a hearing by a   | hearing officer on t  | he offenses ch                                 | arged, this repor  | t and informal action  |
| Inmate Signature                                     |   |   |   |   | te:  | Tir  | ne:  |
| Comments:  |   | N 5/6/4                                       | mer. 45   | for mal   | hegn   | no   |  |
| oomments.  | s is it is a  |   |   |   |  |  |  |
|  | 0.000   | 10  | 7   | 7: /  | 1/1  | G- 11  | 259  |
| Shift Superviso                                      |   | K COL   | 2   | Signature   | el   | Date   |  |
| Administrativ  | Print Name and T<br>Segregation Assign  |   | e recommendation  |   | and I 🗆 Ap                                     |  | sapprove.  |
|  |   |   |   |   |  |  |  |
| Shift Commander                                      | :<br>Print Name and T   | itle  |   | Signature   |  | Date   |  |
| hearing officer to<br>general population             | ng Service: A. Preparation<br>answer to the offenses cha<br>n of this facility if you indic<br>Witnesses: You may requi<br>ou indicate them by name | rged in this notice. B. ate their name below. | Representation: Y<br>A failure to list a <u>n</u><br>Ny witness who is re | ou may request <u>rep</u><br>a <u>me below</u> shall be e<br>elevant, material, & | resentation by<br>deemed at you<br>non-cumulat | y statt or a qual<br>or hearing as <u>a w</u><br>tive that may inc | med inmate from the<br><u>aiver</u> of your right to<br>clude staff and/or the |
| Representative:                                      |   | Witnes  | ss:   |   |  | <del></del>  |  |
| Service of Not                                       | ay appeal a guilty decision<br>tice: Signature below is on  | ly acknowledgment for                         | receipt of notice co  | py. Refusal to sign <u>i</u>  | s deemed waiy                                  | <u>ver of service</u> obl  | igation by the facility  |
| Waiver of 24   | Hour Notice: ☐ I waive  |   |   |   |  |  |  |
| 1.2  | _ 1   |   |   |   |  |  |  |
| Inmate's Signat                                      | ure: <u>Roju 9</u>  | my  | X <sub>D</sub>  | oc#: <u>341-3</u>   | 358  | K <sub>Date:</sub> 8   | 15/09  |
| Inmate's Signat<br>Inmate ID verifi                  | ure: Copy given but   | inmate refused to                             | o sign for serv   | oc#: <u>341-3</u><br><u>ce</u> □ <u>Inmate re</u>                                 | 358<br>equested n                              | $\mathcal{X}_{Date:} \mathcal{S}_{Date:}$                          | 15/05<br>ness at service   |
| Inmate's Signate Inmate ID verifi  Notice Served By: | ure: Ropy given but R-H45h-05 (Q)   | inmate refused to                             | o sign for serv   | ce Inmate re  | 358<br>equested no                             | o rep. or witr   | S   O S  ness at service    S O O D  |

**Distribution:** DC Form 105-4a (Rev. Feb. 07)

White Copy—Base File

Yellow Copy-Inmate

Pink Copy—Facility

# Maryland Division of Correction NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING (Continuation Sheet)

| (Continuation Sheet)   |
|--|
| Inmate Name: Roser, Terry #: 341-358 Date of Violation: 8.15.2009  |
| by a-botitized to the uncident on Pase (1) I ale World and ale   |
| Ki-k wont To Pack up lamate Roger's Personal items since he was  |
| house Placed on relainistrative Secrential Perdire Adiostment additional   |
| and the of Formented lives was found in a live gallow bucket.  |
| Along with the live sallow bucket was a broken 8 mich fan Sourel   |
| expired Prescription Medications a MAXWALL House Coffee Locket, A Small eve  |
| NOO bottle Containing black INK and a Red INK Pew. Whow INMATE ROSAT   |
| was informed that said Articles Above were boing Confiscated he become   |
| Very disrespectfull and Claiming that we planted the jump in his cell! As  |
| he was being escorted to his NEW Cell he was demanding his property.   |
| A Notice of Confiscation was written for The Above mentioned Items   |
| And turned in Along with this Adjustment Report.   |
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| D & 2115109  |
| Inmate's Signature # 511->>\times Date   |
| Inmate's Signature Roy Yuny #341-358 Date \$115109  Notice Served By Rw Ressessed Title COH Date \$115109 Time 0711 Am |
| Rw Renea   |
| ·  |

Distrbution: White copy - Base File Yellow copy - Inmate Pink copy - Institution -

DC Form 105-5a (Rev. Nov. 1997)

### WESTERN CORRECTIONAL INSTITUTION

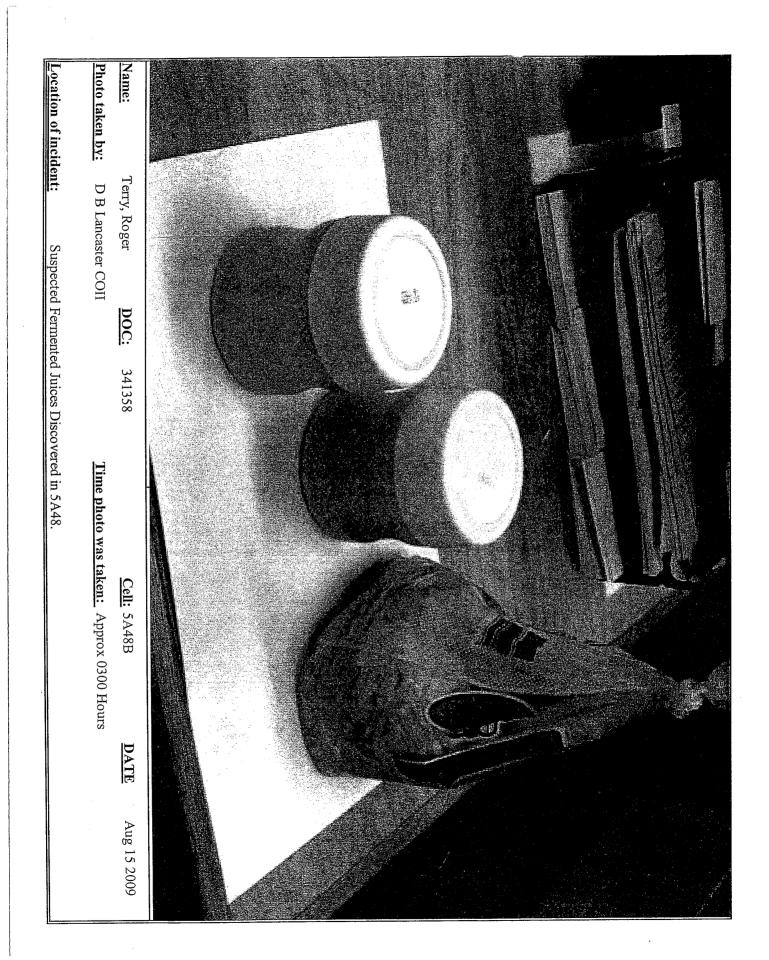
Cumberland, Maryland

### INFORMATION REPORT FORM

Date:

8/15/2009

| APPROXIMATE TIME 0930am   | _   |   |
|---|---|---|
|   |   |   |
|   |   |   |
| INCIDENT REFERENCE HEADING:   | Testing of Suspected Alco   | hol   |
| INMATE'S NAME, NUMBER, HOUSING  | TERRY, ROGER #341358  | 3 5A48B   |
| INCIDENT DESCRIPTION (WHO, WHAT, W  | /HERE, WHEN, HOW)?  | On 8/15/09 I officer  |
| K Keller CO II conducted a test of standard SA48B by officer WORGUL COII. I testing. The first test was conducted confirmation test was conducted at results were well above the calibrate disposed of. This report submitted f working for print outs. | used the Alco-Sensor I<br>d at 0930 hrs with a pos<br>1030 hrs with a postive<br>ed cut off of .036.The a | V which I am certified to use for sitive reading of .216The reading of .202. Both test loohol was then properly |
|   |   | ,   |
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|   |   |   |
|   |   |   |
|   |   |   |
|   |   | K Keller COII   |
|   |   | REPORTING OFFICER   |
| DISPOSITION OF INCIDENT:  |   |   |
|   | · · · · · · · · · · · · · · · · · · ·   |   |
|   |   |   |
| DISTRIBUTION:   |   | ·   |
| ACCIOTANT WADDEN  | DOVOLIOLOGY DEDT  | INNATED CODY  |
| ASSISTANT WARDEN<br>SECURITY CHIEF  | PSYCHOLOGY DEPT<br>MEDICAL DEPT   | INMATE'S COPY<br>8-4 SHIFT  |
| UNIT MANAGER  | REPORTING OFFICER   | 4-12 SHIFT  |
| CASE MANAGER  | HEARING OFFICER   | 12-8 SHIFT  |
| CASE IVIANAGER  | MAINTENANCE   | OTHER   |
|   | 7.0   |   |
|   | 1 / 1/28  | Ca L  |
|   | SUP   | ERVISOR NAME AND TITLE  |



## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry DOC# 341358 Violation Date: 8/15/09 Hearing Officer of Record: Ana Maddox Heard With: N/A I: PRELIMINARY MATTERS: Defendant inmate appearance: Date: 8/17/2009 Time: 12:51 PM The hearing officer of record shall document the following for the record: 1. List any request for inmate representation:  $\boxtimes$  Representation waived by inmate. Yes: Name: N/A NOTE: If request is denied for procedural cause, state below why: N/A 2: List any request by name for a witness: 

Witness(es) waived by inmate. a: Yes: Name: N/A b: List requested witness(es) and state defendant's proffer as to testimony for the witness(es): N/A c: If inmate witness(es) request is denied for procedural cause, state below why: N/A 3: State any motions, evidence requests, etc. and hearing officer's decision as to such: N/A 4: State any request for postponement and hearing officer's decision as to such: N/A

Name: Roger Terry DOC# 341358 Violation Date: 8/15/09

### II. EVIDENTIARY MATTERS:

a. Hearing Date: 8/17/2009

b. Name of Facility Representative: Sgt. Slate

#### c. Defendant Inmate Plea:

| Rule | Not Guilty  | No Plea | Guilty      |
|------|-------------|---------|-------------|
| 301  |             |         | $\boxtimes$ |
| 302  |             |         |             |
| 305  | $\boxtimes$ |         |             |
| 405  |             |         |             |
|      |             |         |             |

d. Argument by Parties and Testimony of Witnesses:
NOTICE OF INMATE RULE VIOLATION CO J. Worgul
photo printout of containers with juice
Information Report CO K. Keller

INMATE STATEMENTS --- pled guilty to 301 and 302

## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry # 341358 Date of Violation: 8/15/09

Hearing Officer of Record: Ana Maddox

Heard With: N/A

#### **III: HEARING OFFICER DECISION:**

| Rule | Guilty | Not Guilty  | IR | Dismissed | Informal Disposition Sanction |
|------|--------|-------------|----|-----------|-------------------------------|
| 301  |        |             |    |           |                               |
| 302  |        |             |    |           |                               |
| 305  |        |             |    |           |                               |
| 405  |        | $\boxtimes$ |    |           | `                             |
|      |        |             |    |           |                               |
|      |        |             |    |           |                               |
|      |        |             |    |           |                               |
|      |        |             |    |           |                               |

#### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: Notice of Inmate Rule Violation, photo printouts, information report, statements of inmate at hearing
- B. Based on evidence above, state fact findings: Roger Terry pled guilty to rules 301 and 302.

### C. Based on fact finding above, state your decision:

Hearing Officer considered Notice of Inmate Rule Violation by CO J. Worgul, photo printout, information report, as well as statements of Roger Terry. Terry pled guilty to rules 301 and 302. Hearing Officer accepts guilty plea. Hearing Officer finds rules 305 and 405 do not apply and Terry is not guilty of rules 305 and 405.

Name: Roger Terry DOC# 341358 Violation Date: 8/15/09

### V. SANCTIONS:

Matrix Adjustment History: poor Effective Date: 8-15-09

| Rule | Catego |    | CR Days | CC/CS    | Revoke<br>GCC |
|------|--------|----|---------|----------|---------------|
| 301  | 3      | 90 | 0       | cc       | 0             |
| 302  | 3      | 90 | 0       | СС       | 0             |
|      |        |    |         |          |               |
|      |        |    | ·       |          |               |
|      |        |    |         | <u> </u> |               |
|      |        |    |         |          |               |
|      |        |    |         |          |               |
|      |        |    |         |          |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

Other Sanctions: none

Name: Roger Terry DOC# 341358 Violation Date: 8/15/09

### V. SANCTIONS:

Matrix Adjustment History: fair Effective Date: 8-15-09

| Rule | Cate | gory Seg. E | ays CR Da | ays CC/CS | Revoke<br>GCC |
|------|------|-------------|-----------|-----------|---------------|
| 405  | 4    | 30          | 0         | 0         | 0             |
|      |      |             |           |           |               |
|      |      |             |           |           |               |
|      |      |             |           |           |               |
|      |      |             |           |           |               |
|      |      |             |           |           | 10-1-1        |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| Ì | _   | • • • •    | ~ .   | _        |      |
|---|-----|------------|-------|----------|------|
| Į | 1 1 | ()Verride- | State | Reasons: | none |

Other Sanctions: none

### VI. RECEIPT OF HEARING RECORD:

Date of Hearing: 8/17/2009

Date of Violation: 8/15/09

Teleconferenced Hearing: N/A

| Name and Title of Serving Staff:                          | 8.18.09           |
|---|-------------------|
|   | DATE              |
| By signing I hereby acknowledge receipt of the hearing of | ficer's decision: |
| Roger Terry #841358                                       | 8/18/09           |
| Roger Terry #341358                                       | DATÉ              |

Distribution: Institution

Inmate

Report Staff

Appendix 1 to DCD 105-9

## MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

|          | infraction 8/15/0  |
|----------|--|
| Inma     | te Name Roger Terry 5B10 DOC#341358 Date of Decision: heard 8/17/0   |
| Rule     | Violation: Guilty rules 301 & 302  |
| 1.       | Review: I have reviewed the decision in your case and take the following action:   |
| ÷        | □ Sanction(s) affirmed. □ Sanction(s) imposed is modified (see Section III). □ Decision referred to Commissioner for review. □ The decision is remanded for new hearing due to the following reason: □ By my order for clarification of the record (see Section III). □ By order of the: □ Commissioner, □ Secretary of DPSCS, or □ court (see Sections III and V).  |
| II.<br>— | Reviewing Authority Signature:  Print Name & Title Signature  Date   |
| 111.     | Comments:  |
|          |  |
|          |  |
|          |  |
| IV.      | Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of the Facility's service obligation.   |
|          | Inmate Signature: Date: 9/12/09  Inmate ID verified at service and inmate refused to sign for service receipt.   |
|          | ☐ Inmate ID verified at service and inmate refused to sign for service receipt. ☐ A.M.   |
|          | Served By:    Date 917-69 Time 235   P.M.  |
| V.       | Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date nad time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision. |
|          | Representative:  |
|          | Witness:   |
| Dis      | tribution: White - Base File Yellow - Inmate   |
| DC       | Form 105-9aR (Rev. Feb. 07)  |

AUGUST 25, 2009 RULE 301

S H

Appendix 1 to DCD 105-4

## MARYLAND DIVISION OF CORRECTION NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

RING YAIIA

|   | 0-184 1011 1 DOC#  | : <u>341358</u> Facility: <u>W</u>   | Housing:   |
|---|--|--|--|
| Violation: Date: もっくーひ  | Time: CR ST AM/PM Recommended cha  | arge: S ≤ \  |  |
|   | Under the provisions of DCD 110-15   | and WCI ID 110-11-1, the subject   | was spotcheck selected from the  |
| Reportedatedtepulat   | ion for urine sampling on 8/15/09 at 01  | 20 The collecting Officer MANNI  | NG, using the inmate's ID card for   |
| positive identifi   | cation, observed the subject giving the  | e sample. Collecting Officer identif   | ied the sample with the subject's  |
| name number   | and date of collection. The sample was   | s then placed in the Urine Testing St  | ation at WCI. The primary test was   |
| done on 8/18/0  | 9 at 1027 and was conducted by R. Bar  | nes. CO-II using the EMIT II Plus ETC  | н Assay. The assay tested positive   |
| for ETOU. The C   | onfirming test was done on 8/25/09 at  | 0855 and was conducted by Kelle  | COII using the EMIT II Plus ETOH   |
| 101 EIUH. 1116 U  | eay tested positive for ETOH. Both positive  | re-assays were conducted by nerso  | anel who are qualified to administer—  |
| Assay, me ass   | nical test within the requirements of the  | e American Correctional Association  | and the Division of Correction.  |
|   | · ·  |  | on, and the Birelen of Contract,   |
| State of Maryla   | ina.   |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| :   |  |  |  |
| l solemnly affirm un  | der the penalties of perjury and upon  | personal knowledge that the fac  | ts set forth in the above report are   |
| true.   |  |  |  |
|   |  | 11 11 00   | 8/25/00  |
| Reporting Staff:  | KELLER COII  | Million  | 8/25/09  |
|   | Print Name and Title   | Signature  | Date   |
|   |  |  |  |
|   | riew: The above report has been reviewed   |  |  |
| a. Action Taken: 🛭  | Formal Hearing Administrative Segrega  |  | ontraband Disposition 🗆 Incident Report  |
| b. Rule Violation Char  | ged: CAT III # 30  | 1  |  |
|   |  |  |  |
| d. Informal Service   | osition: Rule Violation:<br>e: I understand by my signature below that: I <u>w:</u><br>y OBSCIS & in my facility file records, and whe   | Sanction:aive a hearing officer on the off   | enses charged, this report and informal action   |
| d. Informal Service will be placed on my  | <b>e</b> : I understand by my signature below that: I <u>wa</u><br>y OBSCIS & in my facility file records, and whe   |  | Effective Date:enses charged, this report and informal action l disposition sanction.  |
| d. Informal Service will be placed on my  | <b>e</b> : I understand by my signature below that: I <u>wa</u><br>y OBSCIS & in my facility file records, and whe   |  | enses charged, this report and informal action   |
| d. Informal Service will be placed on my  | e: I understand by my signature below that: I wa   |  | Effective Date:enses charged, this report and informal action l disposition sanction.  |
| d. Informal Service will be placed on my  | e: I understand by my signature below that: I will observe that the constant of the control of t |  | Effective Date: enses charged, this report and informal action l disposition sanction. Time:   |
| d. Informal Service will be placed on my Inmate Signature:_e. Comments:   | e: I understand by my signature below that: I will observe the condition of the condition o |  | Effective Date:enses charged, this report and informal action l disposition sanction.  |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:   | e: I understand by my signature below that: I will obscill the records, and when the control of  | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of informa  Date:  Signature   | Effective Date:  enses charged, this report and informal action l disposition sanction.  Time:  8-25-09  Date  |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:   | e: I understand by my signature below that: I with OBSCIS & in my facility file records, and when the contract of the contract | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of informa  Date:  Signature   | Effective Date:  enses charged, this report and informal action I disposition sanction.  Time:  8-25-09  Date  Approve or Disapprove.  |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:   | e: I understand by my signature below that: I will observe the condition of the condition o | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of informa  Date:  Date:  Signature  recommendation has been reviewed and I  | Effective Date:  enses charged, this report and informal action l disposition sanction.  Time:  8-25-09  Date  Approve or Disapprove. 8/25/69  |
| d. Informal Service will be placed on my Inmate Signature: e. Comments: f. Shift Supervisor: 2. Administrative  | e: I understand by my signature below that: I will observe the coords, and when the coords in my facility file records, and when the coords in my facility file records, and when the coords in my facility file records, and when the coords in my facility file coords in my facility file.  Print Name and Title  Segregation Assignment Review: The  | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of informa  Date:  Signature  recommendation has been reviewed and I   | Effective Date:  enses charged, this report and informal action I disposition sanction.  Time:  8-25-09  Date  Approve or Disapprove.  |
| d. Informal Service will be placed on my Inmate Signature:  e. Comments:  f. Shift Supervisor:  2. Administrative Shift Commander:  3. Formal Hearing hearing officer to an general population or representation. C. V.   | e: I understand by my signature below that: I will observe the condition of the condition o | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information Date:  Date:  Signature  recommendation has been reviewed and I signature  24 hours from the date and time of receipt Representation: You may request represent A failure to list a name below shall be deemed by witness who is relevant, material, & non-   | enses charged, this report and informal action I disposition sanction.  Time:    Date   Disapprove.   Disapprove.   Date   Date  |
| d. Informal Service will be placed on my Inmate Signature:  e. Comments:   f. Shift Supervisor:  2. Administrative  Shift Commander:  3. Formal Hearing hearing officer to an general population or representation. C. V reporting staff if you   | e: I understand by my signature below that: I will observe the my facility file records, and when the print Name and Title  Segregation Assignment Review: The Print Name and Title  Service: A. Preparation: You are entitled to answer to the offenses charged in this notice. B. In this facility if you indicate their name below. A failure to list by a indicate them by name below. A failure to list by a indicate them by name below. A failure to list by the same below.  | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information Date:  Signature  recommendation has been reviewed and I Signature  A failure to list a name below shall be deemed y witness who is relevant, material, & non-ty name below shall be deemed at your hearty of the officer of the office | Effective Date:  enses charged, this report and informal action I disposition sanction.  Time:  Date  Date  Approve or Disapprove.  Date  of this notice before you may appear before a tation by staff or a qualified inmate from the dat your hearing as a waiver of your right to cumulative that may include staff and/or the ring as a waiver of your right to call witnesses.  |
| d. Informal Service will be placed on my Inmate Signature:  e. Comments:   f. Shift Supervisor:  2. Administrative  Shift Commander:  3. Formal Hearing hearing officer to an general population or representation. C. V reporting staff if you Representative:  4. Appeal: You may   | e: I understand by my signature below that: I will obscill to the print Name and Title  Segregation Assignment Review: The Print Name and Title  Service: A. Preparation: You are entitled to a swer to the offenses charged in this notice. B. I of this facility if you indicate their name below. Witnesses: You may request for your hearing an and the print of the print of the second | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information Date:  Signature  recommendation has been reviewed and I Signature  24 hours from the date and time of receipt of Representation: You may request represent A failure to list a name below shall be deemed y witness who is relevant, material, & non-ty name below shall be deemed at your heart is:  ting to the warden within 15 calendar day:   | Effective Date:  enses charged, this report and informal action I disposition sanction.  Time:  Date  Date  Approve or Disapprove.  Date  of this notice before you may appear before a tation by staff or a qualified inmate from the ad at your hearing as a waiver of your right to cumulative that may include staff and/or the ing as a waiver of your right to call witnesses.   |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:  f. Shift Supervisor:  2. Administrative Shift Commander:  3. Formal Hearing hearing officer to argeneral population or representation. C. V reporting staff if you Representative:  4. Appeal: You may Service of Notice Waiver of 24 Hearing to my Service of Notice will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed on my Inmate Signature:  | e: I understand by my signature below that: I will observe the my facility file records, and when the print Name and Title  Segregation Assignment Review: The Print Name and Title  Service: A. Preparation: You are entitled to a swer to the offenses charged in this notice. B. In this facility if you indicate their name below. A situation of this facility if you indicate their name below. A failure to list be witnesses: You may request for your hearing any indicate them by name below. A failure to list be appeal a guilty decision and/or sanction in wrice: Signature below is only acknowledgment for bur Notice: I waive 24 hour notice and  | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information and information and information and information are recommendation has been reviewed and information and information are recommendation has been reviewed and information and information are recommendation as been reviewed and information and information are recommendation. You may request represent a failure to list a name below shall be deemed at your hear and information are receipted of notice copy. Refusal to sign is deem request to appear before a hearing office appears to appear before a hearing office appears in the office of the same and information are receipted in the same and information and information and information appears to appear before a hearing officer appears and information and  | enses charged, this report and informal action I disposition sanction.  Time:    S-25-05    Date     Approve or   Disapprove.   Date     D |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:  f. Shift Supervisor:  2. Administrative Shift Commander:  3. Formal Hearing hearing officer to ar general population or representation. C. V reporting staff if you Representative: 4. Appeal: You may Service of Notice Waiver of 24 Hearing Service of Notice will be placed in the service of Notice will be placed on my learners. | e: I understand by my signature below that: I will observe the my facility file records, and when the print Name and Title  Segregation Assignment Review: The Print Name and Title  Service: A. Preparation: You are entitled to a swer to the offenses charged in this notice. B. In this facility if you indicate their name below. A situation of this facility if you indicate their name below. A failure to list be witnesses: You may request for your hearing any indicate them by name below. A failure to list be appeal a guilty decision and/or sanction in wrice: Signature below is only acknowledgment for bur Notice: I waive 24 hour notice and  | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information and information and information and information are recommendation has been reviewed and information and information are recommendation has been reviewed and information and information are recommendation as been reviewed and information and information are recommendation. You may request represent a failure to list a name below shall be deemed at your hear and information are receipted of notice copy. Refusal to sign is deem request to appear before a hearing office appears to appear before a hearing office appears in the office of the same and information are receipted in the same and information and information and information appears to appear before a hearing officer appears and information and  | enses charged, this report and informal action I disposition sanction.  Time:    S-25-05    Date     Approve or   Disapprove.   Date     D |
| d. Informal Service will be placed on my Inmate Signature: e. Comments:  f. Shift Supervisor:  2. Administrative Shift Commander:  3. Formal Hearing hearing officer to argeneral population or representation. C. V reporting staff if you Representative:  4. Appeal: You may Service of Notice Waiver of 24 Hearing to my Service of Notice will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed in the supervisor of Service of Notice Waiver of 24 Hearing will be placed on my Inmate Signature:  | e: I understand by my signature below that: I will observe the obs | Sanction:  aive a hearing by a hearing officer on the offer applicable I accept the offer of information and information and information and information are recommendation has been reviewed and information and information are recommendation has been reviewed and information and information are recommendation as been reviewed and information and information are recommendation. You may request represent a failure to list a name below shall be deemed at your hear and information are receipted of notice copy. Refusal to sign is deem request to appear before a hearing office appears to appear before a hearing office appears in the office of the same and information are receipted in the same and information and information and information appears to appear before a hearing officer appears and information and  | enses charged, this report and informal action I disposition sanction.  Time:    S-25-05    Date     Approve or   Disapprove.   Date     D |

**Distribution:** DC Form 105-4a (Rev. Feb. 07) White Copy—Base File

Yellow Copy-Inmate

Pink Copy—Facility

## **REQUEST FOR URINALYSIS TEST**

| INMATE   | ROGER  | TERRY<br>Print Name   |   | NUMBER:_  | 341358   |
|--|--|---|---|---|--|
| INSTITUTION: _   | WCIH   | U5-A-048-B  | _   |   |  |
| Request made by  | / <u></u>  | Sgt Raley   |   | Date  | 8/14/2009  |
| Circumstances Le   |  |   | Spot/Suspi  | ous behavior  |  |
| Request That Spe   | ecimen be Teste  | ed for <u>ALL CI</u>  | •   |   |  |
|  | d by   |   | ertify that the following   |   |  |
| The above name was told that he/s (check one)  | ed inmate, whos<br>she is being ord<br>Spot check            | e identity was ve<br>ered to submit a                                     | rified by (check one) _<br>urine specimen on the<br>Routine;  | I.D. Ca<br>e following bas<br>Rand  | rdEscort Card,   |
| check one) 4 eR, Appendix 5  The above-name specimen in my number of the in specimen contain | that he/she ed inmate (chec presence in a s mate, date of co | k one)refu<br>becimen containe<br>ollection, the nam<br>reafter sealed th | that he/she has. If sed to submit a urine ser labled with the name ne of the collecting offi e specimen container | he/shee has, c<br>specimen:<br>e of the institut<br>cer and therea<br>with evidence | submitted a urine submitted a urine form 110-15- submitted a urine and commitment and commitment the inmate handed the tape, and maintained exclusive trol as indicated below:   |
| Slis log<br>Date   |  | R.  | SIGNATURE   |   | INMATES INITIALS   |
|  |  | CHAIN   | I-OF-CUSTODY OF S   | PECIMEN   |  |
| From above-name  From From Emit  From R B  From Ent  From IL 14                              | Box/<br>Nab Ruf<br>parnes<br>lab Ref                         | To: To: To: To: To: To: To: To:   | nt lab Ref  | Date Date Date Date   | 8/15/09 Time $0.120$ $0.121$ $0.121$ $0.121$ $0.125$ |

#Name?

Laboratory: 08/18/2009 10:49:23

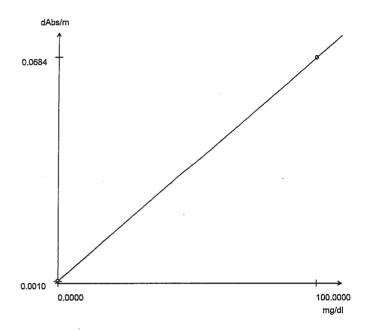
### **CALIBRATION REPORT**

Test name: Calibrator name: Mode: +Ethyl Alcohol ETOH Cal Kinetic Two point

Calibration type: Two Calibration accepted: Yes

Measurement date: 08/17/2009 07:26:04

| Conc.<br>(mg/dl) | Reported<br>(dAbs/m) | Replicates<br>(dAbs/m) |
|------------------|----------------------|------------------------|
| 0.000            | 0.001                | 0.001                  |
| 100.000          | 0.068                | 0.068                  |



Page: 1/1

## DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| Inmate Name Roser Terry Print Name   | Number      | 341358             | Specimen Date     | 8-15-09 |
|--|-------------|--------------------|-------------------|---------|
| PRELIMINARY PROCEDURES:  |             |                    |                   |         |
| Time reagents, controls, calibrators, wrine spec   |             |                    | \1.1A             |         |
| TOMO YOU ILONG TOTAL STATE OF THE STATE OF T | _ Room to   | emperature <u></u> | 70                | -       |
| Time photometer turned on NIV  | <b></b> .   |                    | ~ -: 10.0         | • .     |
| Specify reagont to be used CTOH  |             |                    | 5-31-2010         | •       |
| Calibrator expiration date 12-31-09  | _ **Cont    | rol expiration d   | late 8-31-2010    | •       |
| **Time of Positive Control Test NIA  | ·           | _                  |                   |         |
| **Positive Control Response at least 20 units  | > Calibrat  | or? YesN           | oN/A              | •       |
| **Time of Negative Control Test NIC  |             | <del>-</del>       |                   | •       |
| **Negative Control Response at least 20 units  | s < Calibra | ator? Yes1         | 10 N/A            | •       |
| **Control Response within Range Printed on   | Package?    | Yes No _           | N/A <u>~</u>      |         |
|  |             |                    |                   |         |
| TESTING OF SPECIMEN:   |             |                    |                   |         |
| Evidence tape intact until broken by Technician  | ? Yes       | <u>✓</u> No        |                   |         |
| Time of Test /037  | Assay_      | @ ETOH             |                   |         |
| Technician Name R Baenes   | R           | sult Pos           |                   | ٠       |
| Technician Training Syva/Behring Diag  | gnostics    | ,American Co       | orrection Associa | tion    |
| ** If not applicable to your machine, please ind   | icate "N/A  | N                  |                   |         |
| •••  |             |                    |                   |         |
| I CERTIFY THAT TH  | E ABOV      | E IS TRUE AI       | ND CORRECT        |         |
| 8-18-09  |             | R Barre            |                   |         |
| Date   |             | Test Ope           | rator Signature   | •       |
|  |             |                    |                   |         |

DC Form 110-15bR (Rev. 11/06)

Printed on 8/18/09

Western Correctional Institution

at 10:43AM

13800 McMullen Hwy

by rb

Cumberland, MD 21502

Agency:

Western Correctional Inst

Accession: 16078

Donor ID: 341358

TERRY, ROGER

Name: Control #:

Test Date: 8/18/09

Test Time: 10:27

Collector: MANNING

Tester: BARNES

Collected by: Created by:

rb

Requesting Party:

Date Collected:

Time Collected:

0120

8/15/09

| Test           | Result | Flag     | Reference Range |          |
|----------------|--------|----------|-----------------|----------|
| AMPHETAMINE    | 0.324  | Negative | Cutoff:         | 1000     |
| BARBITURATE    | 0.224  | Negative | Cutoff:         | 200      |
| BENZODIAZEPINE | 0.276  | Negative |                 |          |
| THC50          | 0.272  | Negative | Cutoff:         | 50       |
| COCN           | 0.283  | Negative | Cutoff:         | 300      |
| ЕТОН           | 56     | POSITIVE | Cutoff:         | 20 mg/dL |
| OPIA           | 0.203  | Negative | Cutoff:         | 300      |
| PCP            | 0.297  | Negative | Cutoff:         | 25       |

| Testing Officer: | 7 | Barro |  |
|------------------|---|-------|--|
|                  |   |       |  |

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 000070

## DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| (TO BE COMPLETED ONLY FOR A POSITIVE TEST RESULT)                               | • • • • |
|---|---------|
| Inmate Name Roser Terry Number 341358 Specimen Date Prilat Name                 | 8-15-00 |
| PRELIMINARY PROCEDURES:   |         |
| Time reagents, controls, calibrators, urine specimens (if applicable)           |         |
| removed from refrigerator 9700 Room temperature NA                              |         |
| Time photometer turned on   |         |
| Specify reagent to be used <u>FTDH</u> Reagent expiration date <u>5-31-2010</u> |         |
| Calibrator expiration date 12-31-09 **Control expiration date 8-31-2010         |         |
| **Time of Positive Control Test   |         |

\*\*Negative Control Response at least 20 units < Calibrator? Yes \_\_\_\_ No \_\_\_ N/A \_\_\_\_

\*\*Control Response within Range Printed on Package? Yes \_\_\_ No \_\_\_ N/A \_\_\_\_

\*\*Positive Control Response at least 20 units > Calibrator? Yes \_\_\_ No \_\_\_ N/A \_\

### TESTING OF SPECIMEN:

\*\*Time of Negative Control Test \_\_\_\_\_ N/A

| Evidence tape intact until broken by Technic | ician? Yes <u> </u>                     | •     |
|--|---|-------|
| Time of Test 0855                            | AssayETOH'                              |       |
| Technician Name K. 1611ec                    | Result Positive                         | • • • |
| Technician Training Syva/Behring D           | Diagnostics,American Correction Associa | ition |
|  |   |       |
| ** If not applicable to your machine, please | e indicate "N/A".                       |       |

## I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT

| 8-25-09 | 16 Shaller 60 F         |   |
|---------|-------------------------|---|
| Date    | Test Operator Signature | • |

DC Form 110-15bR (Rev. 11/06)

Printed on 8/25/09

Western Correctional Institution

at 8:55AM

13800 McMullen Hwy

by rb

Cumberland, MD 21502

Agency:

Western Correctional Inst

Accession: 16169

341358

Requesting Party:

Donor ID: Name:

Test Time: 8:55

8/15/09

TERRY, ROGER

Date Collected:

Time Collected: 0120

Control.#:

Test Date: 8/25/09

Collector: MANNING Tester: KELLER

Collected by:

Created by: rb

Test

Result

Flag

Reference Range

ETOH

59

**POSITIVE** 

Cutoff:

20 mg/dL

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 

000072

## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry DOC# 341358 Violation Date: Hearing Officer of Record: D. Sipes Heard With: N/A I: PRELIMINARY MATTERS: Defendant inmate appearance: Date: 8/31/2009 Time: 9:30 AM The hearing officer of record shall document the following for the record: 1. List any request for inmate representation: igtimes Representation waived by inmate. Yes: Name: NOTE: If request is denied for procedural cause, state below why: 2: List any request by name for a witness: 

Witness(es) waived by inmate. a: Yes: Name: b: List requested witness(es) and state defendant's proffer as to testimony for the witness(es): c: If inmate witness(es) request is denied for procedural cause, state below why: 3: State any motions, evidence requests, etc. and hearing officer's decision as to such: 4: State any request for postponement and hearing officer's decision as to such:

Name: Roger Terry DOC# 341358 Violation Date: 8/25/09

#### II. EVIDENTIARY MATTERS:

- a. Hearing Date: 8/31/2009
- b. Name of Facility Representative: CO Buss
- c. Defendant Inmate Plea:

| Rule | Not Guilty | No Plea | Guilty |
|------|------------|---------|--------|
| 301  |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |

d. Argument by Parties and Testimony of Witnesses:

Inmate plead guilty to rule 301 in a plea agreement with the institution for 90 days of seg.

## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry # 341358 Date of Violation: 8/25/09

Hearing Officer of Record: D. Sipes

Heard With: N/A

#### **III: HEARING OFFICER DECISION:**

| Rule | Guilty | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|------|--------|------------|----|-----------|-------------------------------|
| 301  |        |            |    |           |                               |
|      |        |            |    |           |                               |
|      |        |            | Щ  |           |                               |
|      |        |            | Щ. |           |                               |
|      |        |            |    |           |                               |
|      |        |            | H  |           |                               |
|      |        |            | Н. |           |                               |

#### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: K. Keller CO II, Request for Urinalysis, Calibration Report, Urinalysis Test procedure, Final Report, confirmation Test Procedure, Final Report, testimony of inmate
- B. Based on evidence above, state fact findings:
- C. Based on fact finding above, state your decision:

Inmate plead guilty to rule 301 in a plea agreement with the institution for 90 days of seg. HO accepts plea and agreement. HO finds the report credible and reliable. The evidence supports the plea.

Name: Roger Terry DOC# 341358 Violation Date: 8/25/09

#### V. SANCTIONS:

Matrix Adjustment History: poor Effective Date: 8/25/09

| Rule | Category | Seg. Days | CR Days | CC/CS | Revoke<br>GCC |
|------|----------|-----------|---------|-------|---------------|
| 301  |          | 90        | XXX     | XXX   | XXX           |
|      |          | · .       |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |
|      |          |           |         |       |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

| li | Other | Can | otion | _  |
|----|-------|-----|-------|----|
|    |       | Oan | CHOH  | ວ. |

| ١ | /1 | REC | FIPT | OF | HEA | ARIN | G R | <b>ECORD</b> | : |
|---|----|-----|------|----|-----|------|-----|--------------|---|
|   |    |     |      |    |     |      |     |              |   |

Date of Hearing: 8/31/2009

Date of Violation: 8/25/09

Teleconferenced Hearing: N/A

Name and Title of Serving Staff

By signing I hereby acknowledge receipt of the hearing officer's decision:

Distribution: Institution

Inmate

Report Staff



Appendix 1 to DCD 105-9

### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

|      | infraction 8/25/09   |
|------|--|
| Inma | nte Name Roger Terry (4A11) DOC#341358 Date of Decision: heard 8/31/09   |
| Rule | Violation: Guilty rule 301   |
| 1.   | Review: I have reviewed the decision in your case and take the following action:   |
|      | <ul> <li>☑ Decision and sanction(s) affirmed.</li> <li>☐ Sanction(s) imposed is modified (see Section III).</li> <li>☐ Decision referred to Commissioner for review.</li> <li>☐ The decision is remanded for new hearing due to the following reason:</li> <li>☐ By my order for clarification of the record (see Section III).</li> <li>☐ By order of the: ☐ Commissioner, ☐ Secretary of DPSCS, or ☐ court (see Sections III and V).</li> </ul>  |
| II.  | Reviewing Authority Signature:   |
| 4    | 122/Min My Houng Acting Warder 9-17-0  |
| III. | Comments:  |
|      |  |
|      |  |
|      |  |
| IV.  | Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of the Facility's service obligation.   |
|      | Inmate Signature:  |
|      | Served By:   |
| V.   | Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date nad time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision. |
|      | Representative:  |
|      | Witness:   |
| Dis  | tribution: White - Base File Yellow - Inmate   |
| DC   | Form 105-9aR (Rev. Feb. 07)  |

JANUARY 15, 2009 RULE 112

8

4/339 Appendix 1 to DCD 105-9

#### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

| Inm  | ate Name_                                     | Roger  | Terry   | 4B39B   | DOC#  | <sub>*</sub> 341358                                     | infract<br>_ Date of Decision: _  | ion 1/15/10<br>heard 1/19/1(   |
|------|---|--|---|---|---|---|---|--|
| Rule | e Violation                                   | : Gui  | lty rul   | e 112   |   |   |   |  |
| I.   | Review:                                       | I have re  | viewed the  | e decision in   | your case an  | d take the t  | following action:   |  |
|      | ☐ Decisio ☐ <b>The de</b> ☐ By m              | on(s) impo<br>n referred<br>ecision<br>y order fo          | osed is mo<br>d to Comm<br>is reman<br>or clarificat          | dified (see S<br>nissioner for<br>nded for n<br>ion of the re-              | review.<br><b>ew hearing</b><br>cord (see Sec               | tion III).  | h <b>e following reas</b> d   |  |
| 11.  | Reviewin<br>1224                              | g Author   | ity Signat  | ure:<br>V Findo l   | MARKEN  | SR  | my  | Z-17-10  |
| · ·  |   | Print Na   | me & Title  | 9   | Signa   | tufe  | ///   | Date   |
| III. | Comment                                       | <u>s</u> :   |   |   |   |   | · · · · · · · · · · · · · · · · · · ·   |  |
|      |   |  |   |   |   |   |   |  |
|      | <u></u>                                       |  |   |   |   |   |   |  |
|      |   |  |   |   |   |   |   |  |
| IV.  | Service P                                     | leceipt R  | ecord: A fa   | ailure to sign f  | or receipt shall i  | oe deemed a   | a waiver of the Facility's s  | service obligation.  |
|      | Inmate Si                                     | gnature:   | A at sorvi  | to and inm  | sd  | sign for e  | Date: _   | 2-23-2010  |
|      | Served By                                     | 1  | Zam   | 24  |   | Dat   | 1 7   | □ A.M.<br>20 KP.M.   |
| V.   | for your scho<br>or as a witne<br>representat | eduled hear<br>ess (includi<br>ion or witn<br>t the time o | ring. You are<br>ng reporting<br>esses belov<br>f your hearir | permitted to re<br>g staff) for the p<br>v at the time of<br>ng. You may ap | equest a qualified<br>ourposes of your<br>f service shall b | l (per directiv<br>hearing <u>if yo</u><br>e deemed a v | n the date nad time of this<br>re procedures) staff or inm<br>ru list them by name below<br>waiver of your right for re<br>r sanction to the warden w | ate to representyou<br>v. <u>Failure to request</u><br>presentation or |
|      | Represent                                     | ative:   |   | 28/18/19  |   |   |   | <del>-</del>   |
|      | Witness: _                                    |  |   | ······································                                      |   | Ma  | ****  | _  |
|      | ribution:                                     |  |   |   | ellow - Inmat   |   |   |  |
| DC F | orm 105-9aF                                   | R (Rev. Feb  | o. 07)  |   |   |   |   |  |



## MARYLAND DIVISION OF CORRECTION \ NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

4-13-398

ppendix 1 to DCD 105-4

|  | GER TERRI.   | DOC#: 34/358   | F  | Housing: 50-446  |
|--|--|--|--|--|
| nmate Name: Ro   | Time: 0743 AMPM. Recomme   |  | racility: WOL  | Housing:   |
| iolation: Date:  | Under the provisions of DCD  |  | 1_1 the subject was  | SPOTCHECK selected from the  |
| enorieni disebenulat   | tion for urine sampling on 1/13  |  |  |  |
|  | ication, observed the subject g  |  |  |  |
|  | , and date of collection. The sar  |  |  |  |
|  | 10 at 1048 and was conducted   |  |  |  |
|  | PIATE . The confirming test wa   |  |  |  |
| EMIT II Plus   | OPIATE Assay. The assay test   | ed positive for <b>OPIATE</b> . I  | Both positive assays   | were conducted by personne   |
| who are qualifie   | ed to administer the above chen  | nical test within the requiren   | nents of the Americar  | n Correctional Association, and  |
| the Division of  | Correction, State of Maryland.   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | •  |  |  |
|  |  |  | 41 41 6 4  | -t fth in the chara report   |
| <del>-</del>   | der the penalties of perjury ar  | id upon personai knowied   | ge that the facts se   | et forth in the above report a   |
| ue.  |  | •  |  |  |
| anautina Staff.  | R. Barnes, CO-li   | Rhon   | -le~   | 1/15/10  |
| eporting Staff:  | Print Name and Title   |  | Signature  | Date   |
| •  |  |  |  |  |
| Supervisory Revi   | <u>iew</u> : The above report has been r   | eviewed with the following a   | ction taken:   |  |
| Action Taken: 🛭  | Formal Hearing Z Administrative  | Segregation Assignment 🛘 🕻   | lse of Force □ Contra  | band Disposition 🗆 Incident Rep  |
| Rule Violation Charg   | ged: 1/2   |  |  |  |
| 🗆 Informal Dispo   | sition: Rule Violation:  | Sanction   |  | Effective Deter  |
|  |  | 541101111  |  | Effective Date:  |
| Informal Service   | e: I understand by my signature below<br>OBSCIS & in my facility file records  | that: I waive a hearing by a hear  | ng officer on the offenses   | charged, this report and informal act  |
| Informal Service   | e: I understand by my signature below  | that: I <u>waive a hearing</u> by a hear<br>, and where applicable I accept t  | ng officer on the offenses<br>he offer of informal disp<br>Date:   | charged, this report and informal act<br>osition sanction.<br>Time:  |
| Informal Service<br>will be placed on my   | e: I understand by my signature below<br>OBSCIS & in my facility file records  | that: I <u>waive a hearing</u> by a hear<br>, and where applicable I accept t  | ng officer on the offenses<br>he offer of informal disp<br>Date:   | charged, this report and informal act  |
| Informal Service will be placed on my Inmate Signature:  | e: I understand by my signature below  | that: I <u>waive a hearing</u> by a hear<br>, and where applicable I accept t  | ng officer on the offenses<br>he offer of informal disp<br>Date:   | charged, this report and informal act<br>osition sanction.<br>Time:  |
| Informal Service will be placed on my Inmate Signature: Comments:  | e: I understand by my signature below<br>OBSCIS & in my facility file records  | that: I <u>waive a hearing</u> by a hear<br>, and where applicable I accept t  | ng officer on the offenses<br>he offer of informal disp<br>Date:   | charged, this report and informal act osition sanction.  Time:  Placed ON  |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor:  | e: I understand by my signature below OBSCIS & in my facility file records.  Hora & Worn and Title   | that: I waive a hearing by a hearing and where applicable I accept the source of the s | ng officer on the offenses he offer of informal disposate:   | charged, this report and informal act osition sanction.  Time:  Allowed CN  Date   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor:  | e: I understand by my signature below<br>OBSCIS & in my facility file records  | that: I waive a hearing by a hearing and where applicable I accept the source of the s | ng officer on the offenses he offer of informal disposate:   | charged, this report and informal act osition sanction.  Time:  Placed CN  Date  Disapprove.   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor:  | E: I understand by my signature below OBSCIS & in my facility file records.  Howa C. Wown and Color Print Name and Title  Segregation Assignment Revi  | that: I waive a hearing by a hearing and where applicable I accept the second s | ng officer on the offenses he offer of informal disposate:   | charged, this report and informal act osition sanction.  Time:  Placed CN  Date  Disapprove.   |
| Informal Service will be placed on my Inmate Signature:  Comments:  Shift Supervisor:  Administrative S  | e: I understand by my signature below OBSCIS & in my facility file records  Horger Warren  Print Name and Title  Segregation Assignment Revi   | that: I waive a hearing by a hearing and where applicable I accept the second s | ng officer on the offenses he offer of informal disposate:   | charged, this report and informal act osition sanction.  Time:   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander:  | e: I understand by my signature below OBSCIS & in my facility file records  Forger Wown  Print Name and Title  Segregation Assignment Revi  Print Name and Title  Service: A. Preparation: You are en  | that: I waive a hearing by a hearing and where applicable I accept to the commendation has been applicable to 24 hours from the date:  | ng officer on the offenses he offer of informal disposate:  Date:  In Max  Signature  een reviewed and I  Signature  and time of receipt of this   | charged, this report and informal act osition sanction.  Time:   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative Shift Commander: Formal Hearing hearing officer to an   | e: I understand by my signature below OBSCIS & in my facility file records.  For a C. W. W. L. T.  Print Name and Title  Segregation Assignment Revi  Print Name and Title  Service: A. Preparation: You are en  Isswer to the offenses charged in this no   | ew: The recommendation has bettitled to 24 hours from the date attice. B. Representation: You may  | ng officer on the offenses he offer of informal disposate:  Date:  Signature  een reviewed and I  Signature  and time of receipt of this by request representation   | charged, this report and informal act osition sanction.  Time:   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W   | E: I understand by my signature below OBSCIS & in my facility file records.  Howard Color of the Print Name and Title  Segregation Assignment Review Print Name and Title  Service: A. Preparation: You are enswer to the offenses charged in this not of this facility if you indicate their name (itnesses: You may request for your here)   | ew: The recommendation has bettied to 24 hours from the date at the B. Representation: You maring any witness who is relevant  | Date:  Date:  Signature  The energy request representation elow shall be deemed at y t, material, & non-cumu   | charged, this report and informal act osition sanction.  Time:  Date  Date  pprove or Disapprove.  Dote  postaff or a qualified inmate from our hearing as a waiver of your right lative that may include staff and/or   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you  | E: I understand by my signature below OBSCIS & in my facility file records.  Horger Wown I Wown I Print Name and Title  Segregation Assignment Review Frint Name and Title  Service: A. Preparation: You are enswer to the offenses charged in this not of this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure indicate them by name below. A failure indicate them by name below.  | ew: The recommendation has bettied to 24 hours from the date at the B. Representation: You maring any witness who is relevant  | Date:  Date:  Signature  The energy request representation elow shall be deemed at y t, material, & non-cumu   | charged, this report and informal act osition sanction.  Time:  Date  Date  pprove or Disapprove.  Dote  postaff or a qualified inmate from our hearing as a waiver of your righ lative that may include staff and/or  |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you  | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Reviewer to the offenses charged in this not of this facility if you indicate their name indicate them by name below. A failure of the offense of the print Name below. A failure indicate them by name below. A failure of the offense of the  | ew: The recommendation has to titled to 24 hours from the date stice. B. Representation: You may below. A failure to list a name bearing any witness who is relevanted to list by name below shall be determined.  | Date:  Date:  Date:  Signature  een reviewed and I  Signature  and time of receipt of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as  | charged, this report and informal actoristion sanction.  Time:  Disconting the continuous process of the continuous proces |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you Representative: Appeal: You may  | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Reviewer to the offenses charged in this not fit is facility if you indicate their name indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the offenses charged in the same indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the offenses charged in this not fit is facility if you indicate their name indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the observ | ew: The recommendation has below. A failure to list a name below shall be divided by name bel | Date:  Date:  Date:  Signature  een reviewed and I  Signature  and time of receipt of this by request representation elow shall be deemed at y ut, material, & non-cumu eemed at your hearing as in 15 calendar days of re   | ceipt for the hearing officer's decisi   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice                                    | E: I understand by my signature below OBSCIS & in my facility file records.  From a C. Warn and File Print Name and Title  Segregation Assignment Review Name and Title  Service: A. Preparation: You are en if this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure see: Signature below is only acknowledged.  | ew: The recommendation has below. A failure to list a mame below shall be of Witness:  on in writing to the warden with ment for receipt of notice copy. R   | Date:  Date:  Date:  Signature  The process of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as in 15 calendar days of refusal to sign is deemed with the original to sign is deemed with the | ceipt for the hearing officer's decisiaiver of service obligation by the facilitation and the |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population or representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice                                   | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Reviewer to the offenses charged in this not fit is facility if you indicate their name indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the offenses charged in the same indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the offenses charged in this not fit is facility if you indicate their name indicate them by name below. A failure appeal a guilty decision and/or sanctical or observed to the observ | ew: The recommendation has below. A failure to list a mame below shall be of Witness:  on in writing to the warden with ment for receipt of notice copy. R   | Date:  Date:  Date:  Signature  The process of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as in 15 calendar days of refusal to sign is deemed with the original to sign is deemed with the | ceipt for the hearing officer's decision ostion.   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population or representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice Waiver of 24 Ho                   | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Review In Name and Title  Service: A. Preparation: You are ensured in this not of this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure indicate them by name below in the segregation and/or sanctice: Signature below is only acknowledge our Notice:     I waive 24 hour not only observed the property of the print of the p | ew: The recommendation has below. A failure to list a name bearing any witness:  witness:  on in writing to the warden with ment for receipt of notice copy. Recommendation is a copy. Recommendation has been also below. A failure to list a name bearing any witness who is relevant to the warden with ment for receipt of notice copy. Recice and request to appear be  | Date:  Date:  Date:  Signature  The process of receipt of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as in 15 calendar days of refusal to sign is deemed without the process of the force a hearing officer a sign of the process of th | ceipt for the hearing officer's decisions on as possible.  |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population or representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice Waiver of 24 Ho                   | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Review In Name and Title  Service: A. Preparation: You are ensured in this not of this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure indicate them by name below in the segregation and/or sanctice: Signature below is only acknowledge our Notice:     I waive 24 hour not only observed the property of the print of the p | ew: The recommendation has below. A failure to list a name bearing any witness:  witness:  on in writing to the warden with ment for receipt of notice copy. Recommendation is a copy. Recommendation has been also below. A failure to list a name bearing any witness who is relevant to the warden with ment for receipt of notice copy. Recice and request to appear be  | Date:  Date:  Date:  Signature  The process of receipt of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as in 15 calendar days of refusal to sign is deemed without the process of the force a hearing officer a sign of the process of th | charged, this report and informal act osition sanction.  Time:   |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice Waiver of 24 Ho Inmate ID verified | E: I understand by my signature below OBSCIS & in my facility file records of the Company of the Print Name and Title  Segregation Assignment Review of this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure of this facility if you indicate their name indicate them by name below. A failure of the indicate them by name below.  | ew: The recommendation has below. A failure to list a name bearing any witness:  witness:  on in writing to the warden with ment for receipt of notice copy. Recommendation is a copy. Recommendation has been also below. A failure to list a name bearing any witness who is relevant to the warden with ment for receipt of notice copy. Recice and request to appear be  | Date:  Date:  Date:  Signature  The process of receipt of this by request representation elow shall be deemed at y t, material, & non-cumu eemed at your hearing as in 15 calendar days of refusal to sign is deemed without the process of the force a hearing officer a sign of the process of th | charged, this report and informal act osition sanction.  Time:  Date  Date  pprove or Disapprove.  Date  postaff or a qualified inmate from our hearing as a waiver of your right lative that may include staff and/or a waiver of your right to call witness ceipt for the hearing officer's decisi aiver of service obligation by the facilities soon as possible.  Date:  |
| Informal Service will be placed on my Inmate Signature: Comments: Shift Supervisor: Administrative S Shift Commander: Formal Hearing hearing officer to an general population o representation. C. W reporting staff if you Representative: Appeal: You may Service of Notice Waiver of 24 Ho Inmate ID verified | E: I understand by my signature below OBSCIS & in my facility file records of the Print Name and Title  Segregation Assignment Review In Name and Title  Service: A. Preparation: You are ensured in this not of this facility if you indicate their name indicate them by name below. A failure indicate them by name below. A failure indicate them by name below in the segregation and/or sanctice: Signature below is only acknowledge our Notice:     I waive 24 hour not only observed the property of the print of the p | ew: The recommendation has below. A failure to list a name bearing any witness:  witness:  on in writing to the warden with ment for receipt of notice copy. Recommendation is a copy. Recommendation has been also below. A failure to list a name bearing any witness who is relevant to the warden with ment for receipt of notice copy. Recice and request to appear be  | ng officer on the offenses he offer of informal disponent of the offer of informal disponent of the offer of informal disponent of the offer of the offer of receipt of this offer of the offer o | charged, this report and informal accosition sanction.  Time:  Date  Date  pprove or Disapprove.  Dote  postaff or a qualified inmate from our hearing as a waiver of your right lative that may include staff and/or a waiver of your right to call witnes ceipt for the hearing officer's decision aiver of service obligation by the facilies soon as possible.   |

## REQUEST FOR URINALYSIS TEST

| INMATE                                  | ROGER               | TERRY                           | NU   | MBER:                                   | 341358                     |
|---|---------------------|---------------------------------|--|---|----------------------------|
|   | 1415                | Print Name                      |  | *************************************** |                            |
| INSTITUTION:                            | WCI HU5             | -D-044-B                        |  |   |                            |
| Request made by                         |                     | BURKETT                         | _  |   | * / / 0 / 0 7 / 0          |
| request made by                         |                     | Print Name                      | Date   | e                                       | 1/12/2010                  |
| Circumstances Lead                      | ding to Request     |                                 | Spot/Suspious be                             | havior                                  |                            |
|   |                     |                                 |  |   |                            |
|   |                     |                                 |  |   |                            |
| Request That Specin                     | man ha Tactad f     | ar All One                      |  |   |                            |
| riodocat mat opecii                     | nen be Tested n     |                                 |  |   |                            |
|   |                     |                                 |  |   |                            |
|   | ~ / }               | K COL                           |  |   |                            |
| Request Approved b                      | y Areel             | Sign Name                       | Date   | i-13-1                                  | 0                          |
| 1, ROBINS                               |                     |                                 |  |   |                            |
| Print Na                                | ame                 | hereby certify that             | the following is true                        | and correct:                            |                            |
|   |                     | August 1                        |  |   |                            |
| The above named in was told that he/she | mate, whose ide     | entity was verified by (        | check one)                                   | I.D. Card                               | Escort Card,               |
| (check one)                             | Spot check;         | to submit a urine spe<br>Routin | cimen on the followi                         | ing basis:<br>Random                    |                            |
|   |                     |                                 |  |   |                            |
| The above-named in                      | mate was asked      | l if he <b>/she</b> had taken a | ny medication in the                         | e past 30 day                           | s and he/she replied       |
| eR, Appendix 5                          | that he/she has     | notthat he                      | /she has. If he/shee                         | has, comple                             | ete DC Form 110-15-        |
|   |                     |                                 |  |   |                            |
| The above-named in                      | mate (check one     | e)refused to sub                | mit a urine specime                          | n:                                      | submitted a urine          |
| manual of the fittiate                  | e, date of conect   | on, the name of the co          | ollecting officer and                        | thereafter the                          | cility, name and commitmen |
| specimen container                      | wine. Tulerean      | er sealeu ine specime           | n container with evid                        | dence tane :                            | and maintained evolution   |
| possession and cont                     | rol of the bottle t | intil I transferred it from     | n my possession an                           | id control as                           | indicated below:           |
| 1 - (3 - 10<br>Date                     |                     | Eade                            |  |   | Q + 3111 750               |
| Date                                    |                     | SIGNAT                          | URE  |   | RT 341-358                 |
|   |                     | CHAIN OF OUR                    | -004 05 0050                                 |   |                            |
| · · ·                                   |                     | 6.1                             | ODY OF SPECIME                               |   |                            |
| From above-named i                      | nmate T             | o: Kole-                        |  | Date _/- (3                             | -10 Time 207               |
| From Rale                               |                     | To: Enit 30x                    | <u> </u>                                     | _ Date                                  | Time <u>0/08</u>           |
| From En. L Bo                           | -                   | To: <u>Emit lab</u>             | renig  | _ Date                                  | 1 Time <u>0/35</u>         |
|   |                     | To: R Borne                     | <u>,                                    </u> | _ Date _ ! - ! C                        | 1-10 Time 0800             |
| From R Barno                            | 9                   | To: Emit lab R                  | ef.  | Date 1-14                               | _                          |
| From Emit lab                           | Res-                | To: R Barne                     | 7  | Date 1-15                               |                            |
| From R BARY                             | N67                 | To: Emit labo                   | Par.   | Date 1715                               |                            |
| #Name?                                  |                     |                                 |  |   | THITO O                    |

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| Calibrations |

| Date    | Assay | Rate 1   | Rate 2   | Avg Rate | ila dna  | Dup Dif Ref |
|---------|-------|----------|----------|----------|----------|-------------|
| 1/11/10 | АМРН  | 0.492    | 0.490    | 0.491    | 0.002    | 0.015       |
| 1/11/10 | BARB  | 0.300    | 0.301    | 0.301    | 0.001    | 0.015       |
| 1/11/10 | BENZ  | 0.361    | 0.363    | 0.362    | 0.002    | 0.015       |
| 1/11/10 | C50   | 0.312    | 0.313    | 0.313    | 0.001    | 0.015       |
| 1/11/10 | COCN  | 0.382    | 0.380    | 0.381    | 0.002    | 0.015       |
|         | ЕТОН  | Not ∪sed | Not Used | Not Used | Not Used |             |
| 1/11/10 | OPIA  | 0.259    | 0.260    | 0.26     | 0.001    | 0.015       |
| 1/11/10 | PCP   | 0.417    | 0.415    | 0.416    | 0.002    | 0.015       |

#### DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| (TO BE COMPLETED ONLY FOR A POSITIVE TEST RESULT)   |
|---|
| Inmate Name Roger Terry Number 341358 Specimen Date 1-13-10   |
| PRELIMINARY PROCEDURES:   |
| Time reagents, controls, calibrators, urine specimens (if applicable)   |
| removed from refrigerator OBOO Room temperature NIA   |
| Time photometer turned on NIA   |
| Specify reagent to be used Opiote Reagent expiration date 12-31-2010  |
| Calibrator expiration date 3-31-3010 **Control expiration date 3-31-3010  |
| 1010  |
| **Time of Positive Control Test NIA   |
| **Positive Control Response at least 20 units > Calibrator? YesNoN/A  |
| **Time of Negative Control Test N/A   |
| **Negative Control Response at least 20 units < Calibrator? Yes No N/A  |
| **Control Response within Range Printed on Package? Yes No N/A  |
|   |
| TESTING OF SPECIMEN:  |
| Evidence tape intact until broken by Technician? Yes V No   |
| Time of Test 1048 Assay Opicite   |
| Technician Name Roberts Result 165  |
| Technician Training Syva/Behring Diagnostics, American Correction Association   |
| ** If not applicable to your machine, please indicate "N/A".  |
|   |
| I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT  |
| D Pro   |
| 7-14-10 K Datueo  Date Test Operator Signature  |
| put operation of the control of the |

DC Form 110-15bR (Rev. 11/06)

Printed on 1/14/10

Western Correctional Institution

at 11:05AM

13800 McMullen Hwy Cumberland, MD 21502

by rb

Agency:

Western Correctional Inst

Accession: 18122

Requesting Party:

Donor ID: 341358

Name:

Time Collected:

Control #:

TERRY, ROGER

Date Collected: 1/13/10

Test Date: 1/14/10

Collector: ROBINSON

Collected by:

Test Time: 10:48

Tester: BARNES

Created by: rb

0107

| Test           | Result | Flag     | Reference Range |          |
|----------------|--------|----------|-----------------|----------|
| AMPHETAMINE    | 0.327  | Negative | Cutoff:         | 1000     |
| BARBITURATE    | 0.279  | Negative | Cutoff:         | 200      |
| BENZODIAZEPINE | 0.281  | Negative |                 |          |
| THC50          | 0.272  | Negative | Cutoff:         | 50       |
| COCN           | 0.297  | Negative | Cutoff:         | 300      |
| ETOH           | 0      | Negative | Cutoff:         | 20 mg/dL |
| OPIA           | 0.265  | POSITIVE | Cutoff:         | 300      |
| PCP            | 0.319  | Negative | Cutoff:         | 25       |

| Testina. | Officer: | K 9 | 7 |
|----------|----------|-----|---|
| County   | 0111001. | , ~ | ~ |

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 000085

## DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| (TO BE COMPLETED ONLY FOR A POSITIVE TEST RESULT)                             |
|---|
| Inmate Name Roger Terry Number 341358 Specimen Date 1~13~10                   |
| PRELIMINARY PROCEDURES:   |
| Time reagents, controls, calibrators, wrine specimens (if applicable)         |
| removed from refrigerator 0700 Room temperature NIA                           |
| Time photometer turned on WIR   |
| Specify reagent to be used Opide Reagent expiration date 12-31-2010           |
| Calibrator expiration date 3-31-2010 **Control expiration date 3-31-2010      |
| **Time of Positive Control Test   |
| **Positive Control Response at least 20 units > Calibrator? Yes No N/A        |
| **Time of Negative Control Test NID   |
| **Negative Control Response at least 20 units < Calibrator? Yes No N/A        |
| **Control Response within Range Printed on Package? Yes No N/A                |
|   |
| TESTING OF SPECIMEN:  |
| Evidence tape intact until broken by Technician? Yes No                       |
| Time of Test 0743 Assay Opiote  |
| Technician Name R Barnes Result Pos   |
| Technician Training Syva/Behring Diagnostics, American Correction Association |
| ** If not applicable to your machine, please indicate "N/A".                  |
|   |
| I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT                                  |
| 1-15-10 R Barres  |
| Date Test Operator Signature  |
|   |

DC Form 110-15bR (Rev. 11/06)

Printed on 1/15/10

Western Correctional Institution

at 7:43AM

13800 McMullen Hwy Cumberland, MD 21502

by rb

Agency:

Western Correctional Inst

Accession: 18150

Donor ID: 341358 Requesting Party:

Name:

TERRY, ROGER

Date Collected:

1/13/10 0107

rb

Control #:

1/15/10

Time Collected:

Collected by:

Test Date: Test Time: 7:43 Collector: ROBINSON Tester: BARNES

Created by:

Test

Result

Flag

Reference Range

OPIA

0.266

**POSITIVE** 

Cutoff:

300

Testing Officer: Rbare

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 

000087

# Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry DOC# 341358 Violation Date:

1/15/10

Hearing Officer of Record: Jon Sandstrom Heard With: N/A

#### I: PRELIMINARY MATTERS:

| Defendant inmate appearance: Date: 1/19/2010 Time: 10:22 AM  |
|--|
| The hearing officer of record shall document the following for the record:   |
| 1. List any request for inmate representation: ⊠ Representation waived by inmate.  ☐ Yes: Name: elected to represent himself |
| NOTE: If request is denied for procedural cause, state below why:  |
| 2: List any request by name for a witness:   Witness(es) waived by inmat   |
| a:  Yes: Name:   |
| b: List requested witness(es) and state defendant's proffer as to testimony for the witness(es):                             |
| c: If inmate witness(es) request is denied for procedural cause, state below why:  |
| 3: State any motions, evidence requests, etc. and hearing officer's decision as to such:                                     |
| 4: State any request for postponement and hearing officer's decision as to   |

such:

Name: Roger Terry DOC# 341358 Violation Date: 1/15/10

#### II. EVIDENTIARY MATTERS:

- a. Hearing Date: 1/19/2010
- b. Name of Facility Representative: Sgt. Slate
- c. Defendant Inmate Plea:

| Rule | Not Guilty | No Plea | Guilty      |
|------|------------|---------|-------------|
| 112  |            |         | $\boxtimes$ |
|      |            |         |             |
|      |            |         |             |
|      |            |         |             |
|      |            |         |             |

d. Argument by Parties and Testimony of Witnesses:

## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry # 341358 Date of Violation: 1/15/10

Hearing Officer of Record: Jon Sandstrom

Heard With: N/A

#### **III: HEARING OFFICER DECISION:**

| Rule | Guilty      | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|------|-------------|------------|----|-----------|-------------------------------|
| 112  | $\boxtimes$ |            |    |           |                               |
|      |             |            |    |           |                               |
|      |             |            |    |           |                               |
|      |             |            |    |           | <u>.</u>                      |
|      |             |            |    |           |                               |
|      |             |            |    |           |                               |
|      |             |            |    |           |                               |
|      |             |            |    |           |                               |

#### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: notice of violation:C/O Barnes; paperwork associated with DCD110-15 and machine printout
- B. Based on evidence above, state fact findings:
- C. Based on fact finding above, state your decision: H/O accepts above evidence and inmate's guilty plea.

Name: Roger Terry DOC# 341358 Violation Date: 1/15/10

#### V. SANCTIONS:

Matrix Adjustment History: poor Effective Date: 1/15/10

| Rule | Category | Seg, Days | CR Days | CC/CS  | Revoke<br>GCC |
|------|----------|-----------|---------|--|---------------|
| 112  | I        | 150       | XXX     | Section and Indicates Select S | XXX           |
|      |          |           |         |  |               |
|      |          |           |         |  |               |
|      |          |           |         | ,  | <del></del>   |
|      |          |           |         |  |               |
|      |          |           |         |  |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

- ☑ Override- State Reasons: mandatory override DCD105-8, rule 102, 12/08
- ☑ Other Sanctions: suspend visits for six (6) months from 1/19/2010

| VI. | RECEIP' | OF | HEARING | RECORD: |
|-----|---------|----|---------|---------|
|-----|---------|----|---------|---------|

Date of Hearing: 1/19/2010

Date of Violation: 1/15/10

Teleconferenced Hearing: yes

| Name and | Opt 1 4 1 | •  | ^       | 04 - EE. |
|----------|-----------|----|---------|----------|
| lama and |           | ^* | SANJINA | ~TOTT.   |
|          |           |    |         |          |

15 Jamsh 1/19/10

By signing I hereby acknowledge receipt of the hearing officer's decision:

Roger Terry #341358

341-358

DATE

Distribution: Institution

Inmate

Report Staff

4B39B

Name: Roger Terry

DOC# 341358

Date of Violation: 1/15/10

Hearing Officer of Record: Jon Sandstrom

Hearing Date: 1/19/2010

CORNECTIONAL INSTITUTION WARDEN'S OFFICE

6-112

### APPEAL of HEARING OFFICER DECISION

2010 JAN 20 A 8: 25

Under COMAR 12.02.27.33, a defendant inmate may only appeal a formal disciplinary hearing decision and/or sanction. If you wish to appeal, you may use this form for that purpose. Do not use Administrative Remedy Procedure forms for your appeal. Your appeal must be submitted to the warden of the facility where you are housed at the time of the appeal so that it is received by the warden within 15 calendar days from the date you received the hearing officer's decision. You may continue on the reverse (please indicate such) and use additional pages if needed (when doing so please indicate the total number). A failure to appeal within the stated 15 calendar days will be deemed a waiver of an appeal.

State Reasons for Appeal of the Hearing Officer's Decision and/or Sanction:

My 1st reason for appeal is that to the best of my Knowledge The OFFICET who conducts the primary TEST (R. Barnes, coil) should not have been the officer who conducted the confirming test as long as there was another officer available to conduct the TEST in a reasonable time frame. Also on August 29th 200% I was placed on lock up for coffee that tosted positive for Amphatamine and recieved 200 lock-up days for loss of visits for 6 months which later got over theme of because the state police stated these were "no cos Detected". So at that time I did 200 seq days for nothing and all my property was destroyed. The same officer R. Barnes, coil was the officer who conducted that test also and confirmed it. Im asking that you consider the posibility that an error could have been made and since I have not the means to be tested by an ourside entiry I have no grounds to argue my complete innocense. That is why I plead quilty wo matter what I say I would'be been found quilty

Signature: Roya Zerry

Date: 1 - 19 - 2010

DC form 105-7b (Rev. Feb. 07)

Page 6 of 6



### Department of Public Safety and Correctional Services

## Division of Correction Western Correctional Institution

13800 McMULLEN HIGHWAY, SW • CUMBERLAND, MARYLAND 21502 (301) 729-7000 • FAX (301) 729-7024 • TTY USERS 1-800-735-2258 • www.dpscs.state.md.us

STATE OF MARYLAND

MARTIN O'MALLEY GOVERNOR

ANTHONY G. BROWN LT. GOVERNOR

GARY D. MAYNARD

G. LAWRENCE FRANKLIN DEPUTY SECRETARY

DIVISION OF CORRECTION

J. MICHAEL STOUFFER COMMISSIONER

> WESTERN CORRECTIONAL INSTITUTION

J. PHILIP MORGAN WARDEN

HARRY B. MURPHY, Ph.D. ASSISTANT WARDEN

K. DANIEL NORTHCRAFT CHIEF OF SECURITY TO: Roger Terry

DOC#

341358

HU 4E

4B39B

Acting worder for:

FROM:

J. Philip Morgan, Warden

DATE:

2-17-10

**SUBJECT:** 

Adjustment Acknowledgement Memo

Your Adjustment Appeal was:

Received in my office in a timely manner

- however, the Hearing Officer's decision remains
- n however, your Adjustment sanction was reduced
- however, your Adjustment sanction was reduced to an Incident Report
- however, your Adjustment was reduced to an Informal Disposition
- □ Was not received in my office in a timely manner (you have fifteen [15] days [to include the date of your hearing weekends and holidays are taken into consideration] to appeal the Hearing Officer's decision
  - however, the Hearing Officer's decision remains, however, your Adjustment sanction was reduced
  - however, your Adjustment sanction was reduced to an Incident Report
  - however, your Adjustment was reduced to an Informal Disposition

This is acknowledgement that I have reviewed your Adjustment Appeal.

JPM/rme

Basefile w/Adjustment dated:

1/15/10

JULY 8, 2010 RULE 112

~

Appendix 1 to DCD 105-9

### MARYLAND DIVISION OF CORRECTION

### **Hearing Decision Review**

| Inm  | infraction 7/8/10<br>hate Name Roger Terry 5B23 <u>DOC#3</u> 41358 Date of Decision: heard 7/12/10   |
|------|--|
| Rul  | e Violation:   |
| 1.   | Review: I have reviewed the decision in your case and take the following action:  Decision and sanction(s) affirmed.   |
|      | <ul> <li>□ Sanction(s) imposed is modified (see Section III).</li> <li>□ Decision referred to Commissioner for review.</li> <li>□ The decision is remanded for new hearing due to the following reason:</li> </ul>   |
|      | <ul> <li>□ By my order for clarification of the record (see Section III).</li> <li>□ By order of the: □ Commissioner, □ Secretary of DPSCS, or □ court (see Sections III and V).</li> </ul>  |
| II.  | Reviewing Authority Signature:  By Organical States By Organica By Organical States By Organical States By Organical States By |
|      | Print Name & Title Signature Date  |
| III. | Comments:  |
| IV.  | Service Receipt Record: A failure to sign for receipt shall be deemed a waiver of the Facility's service obligation.   |
|      | Inmate Signature: Royal 1 mate in Date: 8-12-2610   Date: 8-12-261 |
|      | Served By: 6 W./Son Title COLT Date 8-12-10 Time 1 You R.P.M.  |
| V.   | Remand Hearing: Prior to appearance, you are entitled to 24 hours from the date nad time of this notice to prepare for your scheduled hearing. You are permitted to request a qualified (per directive procedures) staff or inmate to represent you or as a witness (including reporting staff) for the purposes of your hearing if you list them by name below. Failure to request representation or witnesses below at the time of service shall be deemed a waiver of your right for representation or witnesses at the time of your hearing. You may appeal any guilty finding and/or sanction to the warden within 15 days of the date for receipt of the hearing officer's decision.   |
|      | Representative:  |
|      | Witness:   |
| Dis  | tribution: White - Base File Yellow - Inmate   |
| DC   | Form 105-9aR (Rev. Feb. 07)  |

### MARYLAND DIVISION OF CORRECTION

### NOTICE OF INMATE RULE VIOLATION AND DISCIPLINARY HEARING

|   | Roger le   | KRY  | _ DOC#: 34135  | Facility (   | ハロア   | Housing: _   | 30-38  |
|---|--|--|--|--|---|--|--|
| ارزان المارزين   | -  | MPM. Recomme   |  |  |   |  |  |
|   |  | _  | <del>.</del> .   |  | -1  |  |  |
| Reported facts:   | Under the pro<br>ation for urine sa  | ovisions of DCD 1<br>ampling on 7/2/1  | 10-15 and WCI<br>0 at 0058 The c   | ID 110-11-1, the sulpitecting Officer Ro   | oject was <b>s</b> r<br>binson, usi   | OTCHECK S  | elected from the<br>ate's ID card for  |
|   |  |  |  | Collecting Officer in  |   |  |  |
|   |  |  |  | ed in the Urine Testi  |   |  |  |
|   |  |  |  | using the EMIT II PI   |   |  |  |
|   |  |  |  | at 0755 and was  |   |  |  |
| •   |  |  |  | PIATE . Both positiv   |   | .*   | _  |
|   |  |  |  |  |   |  |  |
|   |  |  | cai test within the  | requirements of the  | American C  | orrectional  | Association, and   |
| the Division of   | r Correction, Sta  | ate of Maryland.   |  |  | ·   |  |  |
|   |  |  |  |  |   |  |  |
|   |  |  |  |  |   |  |  |
|   |  |  |  | ,  |   |  |  |
|   |  |  |  |  |   |  | ·  |
| solemnly affire   | n under the pena   | alties of perjury a  | nd upon personal   | knowledge that the   | facts set fo  | orth in the a  | above report are   |
| rue.  |  |  |  |  |   |  |  |
|   |  |  |  | ١  |   |  |  |
| eporting Staff:   | R. Barr  | nes, CO-II   | K!   | Darre  |   | 7/8/1  | 0  |
|   | Prin   | nt Name and Title  |  | Signature  | •   | Date   |  |
|   |  |  |  |  |   |  |  |
| Supervisory   | Review: The abo  | ove report has been i  | reviewed with the fo   | ollowing action taken:   |   |  |  |
| Action Take   | en: 🗷 Formal Heari   | ing 🛭 Administrative   | Segregation Assign   | nment 🗆 Use of Force   | □ Contrabano  | d Disposition  | ☐ Incident Repor   |
| Rule Violation  | Charged:   | 112  |  |  |   |  |  |
|   | t  | Violation:   |  |  |   |  |  |
|   | •  | ' <del></del>  |  | g by a hearing officer on t  |   |  | ate:   |
|   |  |  |  | e I accept the offer of inf  |   | • · ·  | t and informal action  |
| ,   | •  |  | •  | •  |   |  |  |
| Inmate Signati  | ure:   |  |  | Da   | te:   | Tin  | ne:  |
| Comments:   |  |  |  |  |   |  |  |
|   |  |  |  |  |   |  |  |
|   |  |  |  |  | <del></del>   |  |  |
| Chiff Cumowi  | 77   | Warris Co  | ,  | 12/1   |   |  | 18/10  |
| Shift Supervi   | isor: Dh   | Morcis Co  |  | Signature  | Coc   | Z/   | 8/10   |
|   | isor: Dh   | ame and Title  |  | Signature lation has been reviewed.  |   | Date   | 8/10   |
| Administrat   | isor: Print No   | lame and Title<br>1 Assignment Revi  | iew: The recommend   | Signature station has been reviewed.   |   | ove or 🛘 Dis   |  |
|   | isor: Print Notitive Segregation   | ame and Title  | iew: The recommend   |  |   | ove or 🛘 Dis   | 8/10<br>sapprove.  |
| Administrate Shift Command  | isor:  Print Notice Segregation  der:  Print Na  | Tame and Title  Assignment Revi  Thomas  man and Title   | iew: The recommend   | ation has been reviewed  Signature   | and I Dappr   | ove or Dis   | 3-10   |
| Administrate Shift Command  | isor:  Print Note  tive Segregation  der:  Print Na  | ame and Title  Assignment Revi  Thomas M  ame and Title  Preparation: You are en   | i <b>ew</b> : The recommend  | ation has been reviewed Signature n the date and time of rec   | and I proper  | Ove or Dis   | may appear before a  |
| Administrate Shift Command Formal Hea   | ring Service: A. F. to answer to the offer   | ame and Title  Assignment Revi  Lougs  Ame and Title  Preparation: You are energes charged in this no  | iew: The recommend   | sation has been reviewed Signature In the date and time of recome: You may request representations.  | and I pppr  | Date  Ce before your taff or a quality   | may appear before a  |
| Administrate Shift Command Formal Hea hearing officer general popula  | risor:  Print No.  | ame and Title  Assignment Revi  Massignment Revi | titled to 24 hours from the B. Representation below. A failure to li   | ation has been reviewed Signature n the date and time of rec   | eipt of this noticescentation by seemed at your l   | Date  Ce before your taff or a qualities as a way  | may appear before a fied inmate from the aiver of your right to  |
| Administrate Shift Command Formal Hea hearing officer general popula representation   | Print No.   | ame and Title  Assignment Revi  Thomas M  ame and Title  Preparation: You are en  enses charged in this no  you indicate their name  may request for your he   | titled to 24 hours from the B. Representation below. A failure to literaring any witness wh  | Signature  n the date and time of recon: You may request represent a name below shall be determined.   | eipt of this noti   | Date  ce before your taff or a qualities ring as a war that may inc  | may appear before a fied inmate from the aiver of your right to lude staff and/or the  |
| Administrate Shift Command Formal Hea hearing officer general popula representation reporting staff   | print Note tive Segregation Print Note Print | ame and Title  Assignment Revi  Thomas  Thomas | titled to 24 hours frontice. B. Representation below. A failure to licaring any witness where to list by name below  | Signature  n the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your  | eipt of this noti   | ove or Dis  7-2  Date  ce before you taff or a qualitate as a wall that may incurve of your ri   | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.   |
| Administrate Shift Command Formal Hea hearing officer general popula representation reporting staff   | print Note tive Segregation Print Note Print | ame and Title  Assignment Revi  Thomas  Thomas | titled to 24 hours frontice. B. Representation below. A failure to licaring any witness where to list by name below  | Signature  n the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your  | eipt of this noti   | ove or Dis  7-2  Date  ce before you taff or a qualitate as a wall that may incurve of your ri   | may appear before a fied inmate from the aiver of your right to hude staff and/or the ght to call witnesses.   |
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| Administrate Shift Command Formal Hea hearing officer general popula representation reporting staff Representative Appeal: You Service of N                             | Print No.  Print No.  Aring Service: A. F.  to answer to the offertion of this facility if y.  C. Witnesses: You miffyou indicate them if the management of the service in the servic | Ame and Title  Assignment Review  Ame and Title  Preparation: You are encesses charged in this no you indicate their name may request for your he by name below. A failure of decision and/or sancticles only acknowledge  | titled to 24 hours from the below. A failure to literaring any witness where to list by name below.  Witness:  on in writing to the wayment for receipt of not the second succession.  | signature  Signature  In the date and time of recon: You may request represt a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendar icce copy. Refusal to sign is  | eipt of this noti- esentation by seemed at your l non-cumulative hearing as a way days of receipt deemed waiver               | Date  ce before your taff or a qualinearing as a war that may incurver of your rifer the hearing of service obligations.   | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  The officer's decision gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2                | print Notice:  | Ame and Title  Assignment Revi  Thomas  Ame and Title  Preparation: You are en enses charged in this no you indicate their name may request for your he by name below. A failur  V decision and/or sancti- elow is only acknowledg  I waive 24 hour not  | titled to 24 hours from tice. B. Representation below. A failure to licaring any witness where to list by name below.  Witness:  on in writing to the way ment for receipt of not tice and request to a state of the state of the state of the way.  | Signature  Signature  In the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendarice copy. Refusal to sign is appear before a hearing   | eipt of this noticescentation by seemed at your landscumulative hearing as a ward days of receipt deemed waiver               | ove or Dis   | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
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| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2                | print Notice:  | Ame and Title  Assignment Revi  Thomas  Ame and Title  Preparation: You are en enses charged in this no you indicate their name may request for your he by name below. A failur  V decision and/or sancti- elow is only acknowledg  I waive 24 hour not  | titled to 24 hours from tice. B. Representation below. A failure to licaring any witness where to list by name below.  Witness:  on in writing to the way ment for receipt of not tice and request to a state of the state of the state of the way.  | Signature  Signature  In the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendarice copy. Refusal to sign is appear before a hearing   | eipt of this noticescentation by seemed at your landscumulative hearing as a ward days of receipt deemed waiver               | ove or Dis   | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2                | print Notice:  | Ame and Title  Assignment Revi  Thomas  Ame and Title  Preparation: You are en enses charged in this no you indicate their name may request for your he by name below. A failur  V decision and/or sancti- elow is only acknowledg  I waive 24 hour not  | titled to 24 hours from tice. B. Representation below. A failure to licaring any witness where to list by name below.  Witness:  on in writing to the way ment for receipt of not tice and request to a state of the state of the state of the way.  | Signature  Signature  In the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendarice copy. Refusal to sign is appear before a hearing   | eipt of this noticescentation by seemed at your landscumulative hearing as a ward days of receipt deemed waiver               | ove or Dis   | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2d Inmate's Sign | isor:  Print Notice:  Print Notice:  Print Notice:  Print Notice:  Print Notice:  I de :  Print Notice:  Print  | Ame and Title  Assignment Revi  Thomas  Ame and Title  Preparation: You are en enses charged in this no you indicate their name may request for your he by name below. A failun  decision and/or sancti- elow is only acknowledg  I waive 24 hour not  | titled to 24 hours from the below. A failure to list by name below. Witness:  Witness:  on in writing to the warment for receipt of not the and request to size and request to sussed to sign for sussed to | signature  Signature  In the date and time of recome You may request represt a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendar tice copy. Refusal to sign is appear before a hearing DOC#: 341-35 cervice Inmate recognition of the sign is appear before a hearing appear before a hearing DOC#: 341-35 cervice Inmate recognition of the sign is appear before a hearing DOC#: 341-35 cervice Inmate recognition of the sign is appear before a hearing DOC#: 341-35 cervice Inmate recognition of the sign is a sign i | eipt of this noticescentation by seemed at your landing as a was days of receipt deemed waiver g officer as so                | ce before your taff or a qualitation as a water that may incurred for the hearing of service obligation as possible to the control of the con | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2                | risor:  Print No.  Rering Service: A. F.  to answer to the offertion of this facility if y.  C. Witnesses: You may appeal a guilty  Notice: Signature be a may appeal a guilty  Notice: Signature be a may appeal a guilty  Copy give  | Ame and Title  Assignment Review  Thomas  Ame and Title  Preparation: You are encess charged in this no you indicate their name nay request for your he by name below. A failure decision and/or sanctive elow is only acknowledged the waive 24 hour not have by the same below to the sa | titled to 24 hours from the below. A failure to list by name below. Witness:  Witness:  on in writing to the warment for receipt of not the and request to size and request to sussed to sign for sussed to | signature  Signature  In the date and time of recom: You may request reprist a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendar rice copy. Refusal to sign is appear before a hearing DOC#: 341-35 service Anmate recommendation.  | eipt of this noticescentation by seemed at your landing as a was days of receipt deemed waiver g officer as so                | ce before your taff or a qualitation as a water that may incurred for the hearing of service obligation as possible to the control of the con | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2d Inmate's Sign | risor:  Print No.  Rering Service: A. F.  to answer to the offertion of this facility if y.  C. Witnesses: You may appeal a guilty  Notice: Signature be a may appeal a guilty  Notice: Signature be a may appeal a guilty  Copy give  | Ame and Title  Assignment Revi  Thomas  Ame and Title  Preparation: You are en enses charged in this no you indicate their name may request for your he by name below. A failun  decision and/or sancti- elow is only acknowledg  I waive 24 hour not  | titled to 24 hours from the below. A failure to list by name below. Witness:  Witness:  on in writing to the warment for receipt of not the and request to size and request to sussed to sign for sussed to | Signature  Signature  In the date and time of recon: You may request reput to a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendarice copy. Refusal to sign is appear before a hearing   | eipt of this noticescentation by seemed at your landing as a was days of receipt deemed waiver g officer as so                | ce before your taff or a qualitation as a water that may incurred for the hearing of service obligation as possible to the control of the con | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |
| Administrate Shift Command Formal Heal hearing officer general popula representation reporting staff Representative Appeal: You Service of N Waiver of 2                | isor:  Print Notice:  Print Notice:  A. F. to answer to the offertion of this facility if y.  C. Witnesses: You m.  Print Notice: Signature be the continuous appeal a guilty the continuo | Ame and Title  Assignment Review  Thomas  Ame and Title  Preparation: You are encess charged in this no you indicate their name nay request for your he by name below. A failure decision and/or sanctive elow is only acknowledged the waive 24 hour not have by the same below to the sa | titled to 24 hours from tice. B. Representation is a below. A failure to literating any witness where to list by name below.  Witness:  on in writing to the way ment for receipt of not itice and request to a used to sign for signs.  | signature  Signature  In the date and time of recom: You may request reprist a name below shall be do is relevant, material, & w shall be deemed at your arden within 15 calendar rice copy. Refusal to sign is appear before a hearing DOC#: 341-35 service Anmate recommendation.  | eipt of this noticesentation by seemed at your long-cumulative hearing as a war days of receipt deemed waiver grofficer as so | ce before your taff or a qualitation as a water that may incurred for the hearing of service obligation as possible to the control of the con | may appear before a fied inmate from the aiver of your right to lude staff and/or the ght to call witnesses.  In officer's decision, gation by the facility. |

## REQUEST FOR URINALYSIS TEST

| INMATE  | ROGER   | TERRY                                      |   | NUMBER:   | 34135                             | 8  |
|---|---|--|---|---|-----------------------------------|--|
|   |   | Print Name                                 |   |   |                                   |  |
| INSTITUTION: _  | WCI F   | HU3-C-038-A                                | -   |   |                                   |  |
| Request made by   | /   | Sgt Beeman                                 |   | Date  | 7/2/201                           | 0  |
|   |   | THE NAME                                   | Spot/Suspic   | ous behavior  |                                   |  |
| Circumstances Le  | sauling to Nequi  | 551  |   |   |                                   |  |
|   |   |  |   |   |                                   | :  |
|   |   |  | 0   |   |                                   |  |
| Request That Spe  | ecimen be Test  | ed for ALL CD                              | S   |   | ····                              |  |
|   |   |  |   |   |                                   |  |
| Request Approve   | ed by   | P. Name                                    | COL .   | Date  | 2.10                              |  |
|   |   |  | ertify that the following   |   |                                   |  |
| Pr  | rint Name   |  |   |   |                                   | •  |
| was told that he/s  | 'she is beina ora                                       | dered to submit a ເ                        | ified by (check one) _<br>urine specimen on the<br>Routine;                   | tollowing basis:  |                                   | scort Card,  |
| The above-name<br>(check one)<br>eR, Appendix 5   | ed inmate was a<br>that he/sho                          | asked if he/she had<br>a has not           | d taken any medicatio<br>that he/she has. If h                                | on in the past 30<br>ne/shee has, con   | days and h                        | e/she replied<br>Form 110-15-  |
| specimen in my number of the in specimen contain  | presence in a s<br>mate, date of c<br>iner to me. I the | pecimen container<br>ollection, the name   | ed to submit a urine s<br>r labled with the name<br>e of the collecting offic | e of the institutior  | n/facility, na<br>r the inmat     | ame and commitment   |
| possession and  | control of the b  | ottle until I transfer                     | rred it from my posses  | with evidence ta  | be, and ma                        | intained exclusive   |
|   | control of the b  | ottle until I transfer                     | rred it from my posses  | with evidence tapssion and contro   | be, and ma<br>as indicate         | intained exclusive ed below:   |
| possession and $\frac{7 - Z - 10}{\text{Date}}$   | control of the b  | ottle until I transfer                     | specimen container or red it from my posses                                   | with evidence tapssion and contro   | be, and ma<br>as indicate         | intained exclusive ed below:   |
|   | control of the b  | ottle until I transfer                     | rred it from my posses  | with evidence tapession and contro  | be, and ma<br>as indicate         | intained exclusive ed below:   |
| 7 - Z - 10 Date   | control of the b  | ottle until I transfer                     | rred it from my posses  | with evidence tapsion and contro  | oe, and ma<br>as indicate         | intained exclusive ed below:  341-35  TES INITIALS                               |
| 7 - Z - 10  Date  From above-nar  | control of the b  | ottle until I transfer  E Rob  CHAIN-I     | SIGNATURE  OF-CUSTODY OF SP   | with evidence tapesion and contro   | ee, and ma<br>as indicate<br>INMA | intained exclusive ed below:  341-35  Time 9058                                  |
| $\frac{7 - 2 - 10}{\text{Date}}$ From above-nar From $\mathcal{E}$                                      | med inmate  | CHAIN- To: Ent                             | SIGNATURE  OF-CUSTODY OF SP   | PECIMEN  Date  Date   | ee, and ma<br>as indicate<br>INMA | intained exclusive ed below:  341-35  TES INITIALS  Time 2059                    |
| $\frac{7-2-10}{\text{Date}}$ From above-nar From $\frac{\mathcal{E}}{\text{From}}$                      | med inmate  | CHAIN-I  To: Enit  To: Fait                | SIGNATURE  OF-CUSTODY OF SP   | PECIMEN  Date Date Date Date  | ee, and ma<br>as indicate<br>INMA | intained exclusive ed below:  341-35  Time 9058  Time 0059  Time 0245            |
| From above-nar  From Emily  From Emily  | med inmate  Box 5                                       | CHAIN- To: Ent To: Fait To: R              | SIGNATURE  OF-CUSTODY OF SP  Box 5  L /Ab refrig  Arene                       | PECIMEN  Date  Date  Date  Date  Date  Date   | ee, and ma<br>as indicate<br>INMA | intained exclusive ed below:  341-35  Time 9058  Time 0295  Time 0700            |
| $7 - 2 - 10$ Date  From above-nar  From $\mathcal{E}_{m}$ From $\mathcal{E}_{m}$ From $\mathcal{E}_{m}$ | med inmate  Bex 5  Lab Raf  Saknes                      | CHAIN- To: Emit To: Fb To: Lim             | SIGNATURE  OF-CUSTODY OF SP  Box 5  L /Ab refrig  Arene                       | PECIMEN  Date  Date  Date  Date  Date  Date  Date  Date  Date                                 | 1-2-/0 1. 2-7-/0                  | intained exclusive ed below:  341-35  Time 2059  Time 0295  Time 0205  Time 1300 |
| From above-nar  From Emil  From Emil  From Cmil  From Cmil  | med inmate  Box 5                                       | CHAIN- To: Ent To: Pb To: Ent To: Pb To: R | SIGNATURE  OF-CUSTODY OF SP  Box 5  L /Ab refrig  Arene                       | PECIMEN  Date | ee, and ma<br>as indicate<br>INMA | intained exclusive ed below:  341-35  Time 6058  Time 6059  Time 6245  Time 0700 |

Page 1

V Twin Current Calibrations

| Date    | Assay | Rate 1   | Rate 2   | Avg Rate | Dup Dif  | Dup Dif Ref |
|---------|-------|----------|----------|----------|----------|-------------|
| 7/06/10 | АМРН  | 0.456    | 0.460    | 0.458    | 0.004    | 0.015       |
| 7/06/10 | BARB  | 0.300    | 0.301    | 0.301    | 0.001    | 0.015       |
| 7/06/10 | BENZ  | 0.364    | 0.362    | 0.366    | 0.008    | 0.015       |
| 7/06/10 | C50   | 0.306    | 0.306    | 0.306    | 0        | 0.015       |
| 7/06/10 | COCN  | 0.371    | 0.373    | 0.373    | 0.001    | 0.015       |
|         | ЕТОН  | Not Used | Not Used | Not Used | Not Used |             |
| //06/10 | OPIA  | 0.273    | 0.272    | 0,273    | 0.002    | 0.015       |
| 7/06/10 | PCP   | 0.395    | 0.392    | 0.394    | 0.003    | 0.015       |
|         |       |          |          |          |          | 1           |

# DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| (IU BE COMMEDIAL ONLY FOR A POSITIVE TEST RESULT)                            | 7-7-15       |
|--|--------------|
| Inmate Name Koger Terry Number 34/358 Specimen Da                            | ite          |
| PRELIMINARY PROCEDURES:  |              |
| Time reagents, controls, calibrators, arine specimens (if applicable)        |              |
| removed from refrigerator 0700 Room temperature NIA                          | <del></del>  |
| Time photometer turned on NIA  |              |
| Specify reagent to be used Opick Reagent expiration date 1-31-11             | <del>_</del> |
| Calibrator expiration date 12-31-10 **Control expiration date 11-30-10       | · ·          |
| **Time of Positive Control Test NIA  |              |
| **Positive Control Response at least 20 units > Calibrator? Yes No N/A       |              |
| **Time of Negative Control Test \\ \times 1\times                            |              |
| **Negative Control Response at least 20 units < Calibrator? Yes No N/A       |              |
| **Control Response within Range Printed on Package? YesNoN/A/                |              |
| TESTING OF SPECIMEN:   |              |
| Evidence tape intact until broken by Technician? Yes V No                    | •            |
| Time of Test 0917 Assay Opios  | ·            |
| Technician Name R Gaenes Result POS  | ••           |
| Technician Training Syva/Behring Diagnostics, American Correction Associated | iation       |
| ** If not applicable to your machine, please indicate "N/A".                 |              |
| <del></del>  |              |
| I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT                                 |              |
| 7-7-10 R Bars  |              |
| Date Test Operator Signature   | ·            |

DC Form 110-15bR (Rev. 11/06)

Printed on 7/07/10

Western Correctional Institution

at 9:23AM

13800 McMullen Hwy

by rb

Cumberland, MD 21502

Agency:

Western Correctional Inst

Accession: 20813 Donor ID: 341358

Requesting Party:

Name:

TERRY, ROGER

Date Collected:

Control #:

Time Collected:

Collected by:

0058

7/02/10

Test Time: 9:17

Test Date: 7/07/10

Collector: ROBINSON Tester: BARNES

Created by:

rb

| Test           | Result | Flag     | Reference Range |          |
|----------------|--------|----------|-----------------|----------|
| AMPHETAMINE    | 0.303  | Negative | Cutoff:         | 1000     |
| BARBITURATE    | 0.230  | Negative | Cutoff:         | 200      |
| BENZODIAZEPINE | 0.289  | Negative |                 |          |
| THC50          | 0.270  | Negative | Cutoff:         | 50       |
| COCN           | 0.280  | Negative | Cutoff:         | 300      |
| ETOH           | 0      | Negative | Cutoff:         | 20 mg/dĽ |
| OPIA           | 0.296  | POSITIVE | Cutoff:         | 300      |
| PCP            | 0.299  | Negative | Cutoff:         | 25       |

|                 | n                     |  |
|-----------------|-----------------------|--|
| Testing Officer | R Barres              |  |
| resume officer. | $\sim \sim \sim \sim$ |  |

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 

000101

# DIVISION OF CORRECTION URINALYSIS TEST PROCEDURE

| (TO BE COMPLETED ONLY FOR A POSITIVE TEST RESULT)  | ••     |
|--|--------|
| Inmate Name Roger Terry Number 341358 Specimen Date Print Name   | 7-2-10 |
| PRELIMINARY PROCEDURES:  |        |
| Time reagents, controls, calibrators, urine specimens (if applicable)  |        |
| removed from refrigerator 0700 Room temperature NIA  | ,      |
| Time photometer turned on NIA  | ٠.     |
| Specify reagent to be used Opicto Reagent expiration date 1-31-11  |        |
| Calibrator expiration date 12-31-10 **Control expiration date 11-30-10   |        |
| AND CONTRACTOR CONTRACTOR NO.  |        |
| **Time of Positive Control TestN   ^\_ = *Positive Control Response at least 20 units > Calibrator? YesNoN/A   |        |
| **Time of Negative Control Test  |        |
| **Negative Control Response at least 20 units < Calibrator? Yes No N/A   |        |
| **Control Response within Range Printed on Package? Yes No N/A   |        |
| Control Margorita (angle 1 and angle 2 |        |
| TESTING OF SPECIMEN:   | ;      |
| Evidence tape intact until broken by Technician? Yes No  |        |
| Time of Test 0755 Assay Opioto   | ,      |
| Technician Name Result Pos Result Pos  | ٠      |
| Technician Training Syva/Behring Diagnostics, American Correction Associat   | ion    |
| ** If not applicable to your machine, please indicate "N/A".   |        |
|  |        |
| I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT   |        |
| 7-8-10 R.Banes   |        |
| Date Test Operator Signature   | •      |

DC Form 110-15bR (Rev. 11/06)

Printed on 7/08/10

Western Correctional Institution

at 8:06AM

13800 McMullen Hwy Cumberland, MD 21502

by rb

Agency:

Western Correctional Inst

Accession: 20877

Donor ID: 341358

Requesting Party:

Name:

TERRY, ROGER

Date Collected:

7/02/10 Time Collected: 0058

Control #:

Test Date: 7/08/10

Collector: ROBINSON

Collected by:

rb

Test Time: 7:55

Tester: BARNES

Created by:

| Test | Result | Flag     | Reference Range |
|------|--------|----------|-----------------|
|      |        | POCITIVE | Cutoff: 300     |
| OPIA | 0.292  | POSITIVE | Cuton. 300      |

Testing Officer: R Barnes

Reviewed by: rb

FINAL REPORT

**EXHIBIT 8** 

000103

# Maryland Division of Correction INMATE HEARING RECORD

7/8/10 Name: Roger Terry DOC# 341358 Violation Date:

Hearing Officer of Record: Frederick Joseph Nastri

Heard With:

#### I: PRELIMINARY MATTERS:

| Defendant inmate appearance: Date: 7/12/2010 Time: 11:17 AM                                      |
|--|
| The hearing officer of record shall document the following for the record:                       |
| 1. List any request for inmate representation: ⊠ Representation waived by nmate.  ☐ Yes: Name:   |
| NOTE: If request is denied for procedural cause, state below why:                                |
| 2: List any request by name for a witness:   Witness(es) waived by inma                          |
| a: Yes: Name:  |
| b: List requested witness(es) and state defendant's proffer as to testimony for the witness(es): |
| c: If inmate witness(es) request is denied for procedural cause, state below why:                |
| 3: State any motions, evidence requests, etc. and hearing officer's decision as to such:         |
| 4: State any request for postponement and hearing officer's decision as to such:                 |

Name: Roger Terry DOC# 341358 Violation Date: 7/8/10

#### **II. EVIDENTIARY MATTERS:**

- a. Hearing Date: 7/12/2010
- b. Name of Facility Representative: Slate
- c. Defendant Inmate Plea:

| Rule | Not Guilty | No Plea | Guilty |
|------|------------|---------|--------|
| 112  |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |
|      |            |         |        |

d. Argument by Parties and Testimony of Witnesses:
Violation report and testimony of defendant who pleads guilty to the cited rule(s).

## Maryland Division of Correction INMATE HEARING RECORD

Name: Roger Terry # 341358 Date of Violation: 7/8/10

Hearing Officer of Record: Frederick Joseph Nastri

Heard With:

#### **III: HEARING OFFICER DECISION:**

| Rule        | Guilty   | Not Guilty | IR | Dismissed | Informal Disposition Sanction |
|-------------|--|------------|----|-----------|-------------------------------|
| 112         |  |            |    |           |                               |
|             |  |            |    |           |                               |
|             |  |            |    |           |                               |
|             |  |            |    |           |                               |
| <del></del> | <del>                                     </del> |            |    |           |                               |
|             |  |            | H  |           |                               |
|             |  |            | Ħ  |           |                               |

#### IV: HEARING OFFICER WRITTEN FINDINGS:

- A. State all evidence (list reports, testimony, physical evidence, etc.) weighed and considered at hearing: Violation report and the defendant pleading guity:
- B. Based on evidence above, state fact findings:

That the defendant did violate the stated rules and that the evidence validates his plea.

C. Based on fact finding above, state your decision:

Guilty finding is supported by all evidence weighed and considered and that the defendants plea was found to be entered freely and voluntarily and that a plea recommendation was made and that same was considered by hearing officer and if so modified was done so with defendants knowledge and understanding and his signature affixed is evidence of his agreement to his plea of guilt.

DC form 105-7b (Rev. Feb. 07)

Name: Roger Terry DOC# 341358 Violation Date: 7/8/10

#### V. SANCTIONS:

Matrix Adjustment History: Poor Effective Date: 7-8-10

| Rule | Category                                 | Seg. Days | CR Days  | cc/cs | Revoke<br>GCC |
|------|--|-----------|--|-------|---------------|
| 112  | HERE OF THE PARTY OF THE PROPERTY OF THE | 250       | Ti Salasia (1996), T. L. (1991), T. C. (1991 |       | 120           |
|      |  |           |  |       |               |
|      |  |           |  |       |               |
|      |  |           |  |       |               |
|      |  |           |  |       |               |
|      |  |           |  |       |               |

SEG = Segregation CR = Cell Restriction CC = Concurrent CS = Consecutive GCC = Good Conduct Credits

<sup>☑</sup> Override- State Reasons: In Jan. 2010 a 112 .

<sup>☑</sup> Other Sanctions: Suspend vists mandatory fr. 7-12-10 for 1 yr. per DCDs for 2<sup>nd</sup> categ. I violation.

Page 6 of 6